

Mayor's Office of Housing and Community Development  
City and County of San Francisco



**SAN FRANCISCO AFFORDABLE HOUSING  
RENTAL LOTTERY APPLICATION**

**Edwin M. Lee**  
Mayor

**Kate Hartley**  
Director

**ALL HOUSEHOLD MEMBERS MAY APPEAR ON ONLY ONE APPLICATION PER LISTING**  
(All applications containing any person who appears on more than one application  
will be removed from the lottery)

**THIS APPLICATION MUST BE COMPLETED IN ENGLISH**

**YOUR NAME**

**YOUR DATE OF BIRTH**

First Name

Middle Name

Last Name

mm/dd/yy

Address of the listing for which you are applying:

**(REQUIRED FOR LOTTERY)**

2600 Arelious Walker Dr

How many people  
will live in your unit?

What is the total annual household gross (grant total before taxes are  
taken out) income from all sources for every person in your household?

\$

Do you or another member of your household have a housing voucher or subsidy?  Yes  No

**YOUR ADDRESS**

All primary applicants must provide an address.

If you are homeless, provide either the shelter address or an address close to where you stay.

**YOUR RESIDENCE ADDRESS**

We cannot accept a PO box here.

Street No.

Street Name

Street Type

Unit

City

State

Zip Code

**YOUR MAILING ADDRESS** - you may use a PO box  
(if different from residence address)

Street No.

Street Name

Street Type

Unit

City

State

Zip Code

**YOUR PHONE #**

Home  Work  Cell

**YOUR SECOND PHONE #**

Home  Work  Cell

**YOUR EMAIL**

(leave blank if you don't have one)

Area Code

Phone Number

Area Code

Phone Number

APPLICANT INFORMATION

**WHO CAN CONTACT IF WE CANNOT REACH YOU? (optional)**

First Name

Last Name

(Area Code) Phone Number

Email

Street No.

Street Name

Street Type

Unit

City

State

Zip Code

**HOW DO YOU KNOW THIS PERSON?**

Family Member  Friend  Other

Social Worker or Housing Counselor **NAME OF AGENCY:**

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**Thinking about the past 30 days, what best describes your living situation?**

CURRENT LIVING SITUATION

<input type="checkbox"/> <b>I'm renting a room, apartment, or house.</b> This includes living in a supportive housing unit or SRO for which you pay.  How much is your rent per month? \$ _____	<input type="checkbox"/> <b>I live in a home that I own</b>  <input type="checkbox"/> <b>I live in a home that a household member owns, and I do not pay rent</b>
<input type="checkbox"/> <b>I'm homeless.</b> Includes living outside, or in your car, or staying at a shelter, or in a motel/hotel paid for with an emergency voucher.	<input type="checkbox"/> <b>I have somewhere to stay, but it isn't permanent.</b> Includes staying with friends or family, living in a motel/hotel, or living in a medical or other facility, and those who have received an eviction notice for their current residence.

How long have you been in a temporary housing or homeless situation? \_\_\_\_\_  
When was the last time you had a stable, long-term living situation (6 months ago, 2 years ago, etc.)?

**Who else will live in the unit for which you are applying, including minors?**

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HOUSEHOLD MEMBER INFORMATION

<b>NAME</b>	<b>DATE OF BIRTH (REQUIRED)</b>
_____ <i>First Middle Last</i>	_____ <i>Month Day Year</i>
<b>RELATIONSHIP TO PRIMARY APPLICANT:</b>	
<b>NAME</b>	<b>DATE OF BIRTH (REQUIRED)</b>
_____ <i>First Middle Last</i>	_____ <i>Month Day Year</i>
<b>RELATIONSHIP TO PRIMARY APPLICANT:</b>	
<b>NAME</b>	<b>DATE OF BIRTH (REQUIRED)</b>
_____ <i>First Middle Last</i>	_____ <i>Month Day Year</i>
<b>RELATIONSHIP TO PRIMARY APPLICANT:</b>	
<b>NAME</b>	<b>DATE OF BIRTH (REQUIRED)</b>
_____ <i>First Middle Last</i>	_____ <i>Month Day Year</i>
<b>RELATIONSHIP TO PRIMARY APPLICANT:</b>	

- At least one member of my household (including me) has served in the U.S. Military
- At least one member of my household (including me) requires a unit with ADA-Accessible features
- If checked, please specify needed features and indicate mobility impaired and/or hearing/vision impaired:



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HOUSEHOLD PREFERENCE INFORMATION

**Does anyone in your household have any of the following preferences? (check all that apply)**

*If eligibility for a preference cannot be verified or acceptable documentation to prove eligibility for a preference is not submitted, your household will not receive the preference for which you indicate eligibility (you will not be otherwise penalized). Not all preferences listed below apply to all projects. Please see the posting to find out which apply.*

At least one household member must live in San Francisco or work in San Francisco at least 75% of their working hours for the Live or Work in San Francisco preferences below. To prove eligibility, **one** of the listed documents must be submitted with your application:

<input type="checkbox"/> <b>Live in San Francisco Preference</b> <ul style="list-style-type: none"> <li>• Telephone bill (land line only)</li> <li>• Cable or internet bill</li> <li>• Gas or Electric bill</li> <li>• Garbage bill</li> <li>• Water bill</li> <li>• Paystub (listing home address)</li> <li>• Public benefits record</li> <li>• School record</li> </ul>	<input type="checkbox"/> <b>Work in San Francisco Preference</b> <ul style="list-style-type: none"> <li>• Paystub (showing employer address in San Francisco)</li> <li>• Letter from employer verifying employment in San Francisco with at least 75% of working hours in the City</li> </ul>
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Documentation must list the household member's name and current address and be **dated within 45 days** of the date of this application.

At least one household member must live within the same Supervisorial District or within a ½ mile buffer of the project for which you are applying for the Neighborhood Resident Housing Preference (NRHP) below. To prove eligibility, **one** of the listed documents must be submitted with your application:

 **Live in the Neighborhood**  
**This preference applies only to new projects.**

- Telephone bill (land line only)
- Cable or internet bill
- Gas or Electric bill
- Garbage bill
- Water bill
- Paystub (listing home address)
- Public benefits record
- School record

**What is the name and address of the household member for whom this preference applies?**

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Name of NRHP Holder

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Street #      Street Name      Street Type      Unit

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City      State      Zip Code

Documentation must list the household member's name and current address and be **dated within 45 days** of the date of this application.

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(continued)

**Household Preferences (continued)**

San Francisco households that are currently spending more than 50% of their gross income for housing, or that reside in public housing or Project-Based HUD funded housing (not Section 8 Voucher program) are eligible for the Rent Burdened or Assisted Housing preference. **Households who qualify for this preference must meet the building's minimum income requirements.** To prove eligibility, the following documentation for the preference you are claiming must be submitted with your application (we will verify the amount of rent you pay after the lottery):

**Rent Burdened Preference**

How much is the total rent per month paid by all members of this household? \$

Please submit from only **one** household member:

- Copy of your current lease agreement

OR

- Proof of the last 3 months rent payments (i.e. money orders, cancelled checks or debits from your bank account); cash rent payment receipts are **not** acceptable as proof of rent payments

**Assisted Housing Preference**

Please submit from only **one** household member:

- Copy of your current lease agreement

**What is the name and address of the household member for whom this preference applies?**

\_\_\_\_\_

*Name*

\_\_\_\_\_

*Street # Street Name and Type Unit*

\_\_\_\_\_

*City State Zip Code*

**Displaced Tenant Certificate**

If you hold a Displaced Tenant Housing Preference Certificate (DTHP). DTHP Certificate holders are people who have been evicted through either an Ellis Act Eviction or an Owner Move In Eviction, or have been displaced by a fire.

**Name of DTHP Certificate Holder:** \_\_\_\_\_

**DTHP Certificate Number:** \_\_\_\_\_  
(if you do not know the number, leave blank)

**Certificate of Preference**

If you hold a Certificate of Preference (COP) from the former San Francisco Redevelopment Agency. COP holders were displaced by Agency action generally during the 1960s and 1970s.

**Name of COP Holder:** \_\_\_\_\_

**COP Certificate Number:** \_\_\_\_\_  
(if you do not know the number, leave blank)

If you have not heard of these preferences, you most likely do not have one.  
Please call 415-701-5613 if you think you qualify for either.

Check here if at least one household member has been displaced from units by government action or a presidentially-declared disaster. Your household will be given the highest preference in the lottery ranking process. This will be verified through the displacing agency or by reviewing documentation provided by government agency.

Check here if at least one household member was or is a resident of the Alice Griffith housing development on or after October 26, 2010

HOUSEHOLD PREFERENCE INFORMATION (continued)

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(continued)

TERMS

**TERMS**

This application must be physically received (by mail or in person) by the listing due date. Please see housing.sfgov.org, or contact the property developer or leasing agent for deadline and location to submit the application.

Applicants will be contacted by the leasing agent in lottery rank and preference order until vacancies are filled. All of the information that you have provided will be verified and your eligibility confirmed. Your application will be removed from the lottery if you have made any fraudulent statements, or if any household member appears on more than one application for this listing. If we cannot verify a housing lottery preference that you have claimed, you will not receive the preference but will not be otherwise penalized. Should your application be chosen from the lottery, be prepared to fill out a more detailed application and provide required supporting documents. For more information, please contact the developer or leasing agent posted in the listing. **Completing this lottery application does not entitle you to housing or indicate you are eligible for housing; all applicants will be screened as outlined in the property's Resident Selection Criteria.**

*I declare that the foregoing is true and accurate, and acknowledge that any misstatement fraudulently or negligently made on this application will result in removal from the lottery.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

**How did you hear about this listing?**  Newspaper  MOHCD Website  Developer Website  Flyer  Friend  
 Email Alert  Housing Counselor  Radio Ad  Bus or Billboard Ad  Other

**Help us ensure we are meeting our goal to serve all people**

These **OPTIONAL** questions will **not** affect your eligibility for housing in any way.  
Your individual answers are kept completely confidential and used only for statistical purposes.

<p><b>Which best describes your ethnicity? (select one)</b></p> <p><input type="radio"/> Hispanic/Latino <span style="margin-left: 300px;"><input type="radio"/> Not Hispanic/Latino</span></p>		
<p><b>Which best describes your race? (select one)</b></p> <p><input type="radio"/> American Indian/Alaskan Native <span style="margin-left: 300px;"><input type="radio"/> Black/African American</span></p> <p><input type="radio"/> American Indian/Alaskan Native <i>and</i> Black/African American <span style="margin-left: 150px;"><input type="radio"/> Black/African American <i>and</i> White</span></p> <p><input type="radio"/> American Indian/Alaskan Native <i>and</i> White <span style="margin-left: 150px;"><input type="radio"/> Native Hawaiian/Other Pacific Islander</span></p> <p><input type="radio"/> Asian <span style="margin-left: 300px;"><input type="radio"/> Other/Multiracial</span></p> <p><input type="radio"/> Asian <i>and</i> White <span style="margin-left: 300px;"><input type="radio"/> White</span></p>		
<p><b>Which is your gender? (Check one that best describes your current gender identity)</b></p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p><input type="checkbox"/> Genderqueer/Gender Non-binary</p> <p><input type="checkbox"/> Trans Female <input type="checkbox"/> Trans Male</p> <p><input type="checkbox"/> Not listed. Please specify: _____</p>	<p><b>What was your sex at birth? (Check one)</b></p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Decline to answer</p>	<p><b>How do you describe your sexual orientation or sexual identity? (Check one)</b></p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Gay/ Lesbian/Same-Gender Loving</p> <p><input type="checkbox"/> Questioning/Unsure</p> <p><input type="checkbox"/> Straight/Heterosexual</p> <p><input type="checkbox"/> Not listed. Please specify: _____</p> <p><input type="checkbox"/> Decline to answer</p>

Mail this app with a self-addressed stamped envelope no later than Dec 22, 2017 @5pm to:

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**Alice Griffith Phase 3 PO Box 420847**

**San Francisco CA 94142**

**\*Postmarks will not count so please mail them in a timely matter**