



# 1990 FOLSOM STREET – CASA ADELANTE

**San Francisco, CA 94103**

Waitlist for 2 Affordable Three-Bedroom Units with  
Space to Operate a Family Child Care Home Business!

**Must be a licensed Family Child Care Home  
Provider**



Reasonable accommodations will be made available upon request.



**Family Child Care  
Units Available!  
First Come-  
First Served**

**Waitlist open from  
December 16, 2020 to  
May 15, 2021**

**Submit Applications to:  
[https://tinyurl.com/1990-  
Folsom-FCC](https://tinyurl.com/1990-Folsom-FCC)**

Applicants must attach a copy  
of their Family Child Care  
Home License along with the  
Mayor's Office of Housing and  
Community  
Development's San Francisco  
Affordable Housing Rental  
Application

**LEARN MORE & CONTACT  
US AT:**

**415-358-3951**

**Office Hours:  
Monday – Friday 9 am – 5 pm**

[leaseups@tndc.org](mailto:leaseups@tndc.org)

# FEATURES & AMENITIES:

- Two residential units specifically designed for family day care providers

Each unit has access to:

- Three bedrooms and 1.5 bathrooms
- 1032 – 1075 square feet
- Flexible partition for 3<sup>rd</sup> bedroom to create double-sized living area
- Direct access to outdoor space
- Two hallway closets
- Kitchen with electric range, durable plywood cabinetry, refrigerator, range hood, stove, and dishwasher



## INCOME QUALIFICATIONS & RENTS

### MONTHLY RENT

3-Bedrooms - \$1,760

### MINIMUM INCOME

\$3,520

### MAXIMUM HOUSEHOLD ANNUAL INCOME

HH Size	2 Persons	3 Persons	4 Persons	5 Persons
Max Income	\$61,500	\$69,200	\$76,850	\$83,000

San Francisco Housing Preferences do not apply.



## **1990 FOLSOM – Casa Adelante: FAMILY CHILD CARE HOME UNITS**

Attention Applicants: We are leasing 2 Affordable Three-Bedroom Child Care Home Units with Space to Operate a Family Daycare in each unit and we are also creating the future Waitlist for these units.

1. In order to qualify for a **Three-Bedroom Child Care Unit** you must submit an attached MOHCD Housing Application during the Open Waitlist period starting December 16, 2020 through March 15, 2021. The link to submit your application is <https://tinyurl.com/1990-Folsom-FCC>.
2. Applications are on a **First Come, First Served** basis (date and time stamped). We will contact applicants to request additional information for lease-up in the order the applications are received.
3. You or a household member must currently have a **Family Child Care Home** License. Applications will not be accepted without a license. Family Child Care Home License and Housing Application must be submitted together.
4. San Francisco Housing Preferences do not apply.
5. Your household must income qualify to be eligible for a unit. The monthly rent is \$1,760. Minimum monthly income must be at least \$3,520. Minimum household is at least 2 persons.

Household Size	Maximum Household Annual Income	Maximum Household Monthly Income
2 Persons	\$61,500	\$5125
3 Persons	\$69,200	\$5766
4 Persons	\$76,850	\$6404
5 Persons	\$83,000	\$6916

For more information please contact: (415) 358-3951 email: [leaseups@tndc.org](mailto:leaseups@tndc.org)



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



**SAN FRANCISCO AFFORDABLE HOUSING  
RENTAL LOTTERY APPLICATION**

**London N. Breed**  
Mayor

**Eric Shaw**  
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)**

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

**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

☐ I'm renting a room, apartment, or house.

This includes living in a supportive housing unit or SRO for which you pay.

How much is your rent per month? \$ \_\_\_\_\_

☐ I live in a home that I own

☐ I live in a home that a household member owns, and I do not pay rent

☐ I'm homeless.

Includes living outside, or in your car, or staying at a shelter, or in a motel/hotel paid for with an emergency voucher.

☐ I have somewhere to stay, but it isn't permanent.

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

NAME			DATE OF BIRTH (REQUIRED)		
_____	_____	_____	_____	_____	_____
First	Middle	Last	Month	Day	Year
RELATIONSHIP TO PRIMARY APPLICANT:					
NAME			DATE OF BIRTH (REQUIRED)		
_____	_____	_____	_____	_____	_____
First	Middle	Last	Month	Day	Year
RELATIONSHIP TO PRIMARY APPLICANT:					
NAME			DATE OF BIRTH (REQUIRED)		
_____	_____	_____	_____	_____	_____
First	Middle	Last	Month	Day	Year
RELATIONSHIP TO PRIMARY APPLICANT:					
NAME			DATE OF BIRTH (REQUIRED)		
_____	_____	_____	_____	_____	_____
First	Middle	Last	Month	Day	Year
RELATIONSHIP TO PRIMARY APPLICANT:					

☐ Check here if at least one member of your household (including you) has served in the U.S. Military



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ACCESSIBLE FEATURES

☐ Check here if any household member  
(including you) requires a unit with ADA-  
Accessible features

Please check all that apply:

- ☐ Mobility impaired  
☐ Hearing impaired  
☐ Vision impaired

If you have indicated ADA-accessible features will be required, please specify needed features here:

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.*

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

☐ **Live in San Francisco Preference**

- 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

☐ **Work in San Francisco Preference**

- Paystub (showing employer address in San Francisco)
- Letter from employer verifying employment in San Francisco with at least 75% of working hours in the City

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 above. 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.** One of the following must be submitted with your application:

- 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?**

\_\_\_\_\_  
*Name of NRHP Holder*

\_\_\_\_\_  
*Street # Street Name*

\_\_\_\_\_  
*Street Type*

\_\_\_\_\_  
*Unit*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

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) above. To prove eligibility, **one** of the listed documents must be submitted with your 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
- AND
- Proof of the current rent payment (i.e. money order, cancelled check or debit from your bank account); a cash rent payment receipt is **not** acceptable as proof of rent payment

☐ **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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**SAN FRANCISCO AFFORDABLE HOUSING  
RENTAL LOTTERY APPLICATION**

(continued)

**TERMS**

Paper applications must be delivered by the listed due date via US mail to the PO Box address listed in DAHLIA San Francisco Housing Portal: [housing.sfgov.org](https://housing.sfgov.org).

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.

**Which best describes your ethnicity? (select one)**

- ☐ Hispanic/Latino ☐ Not Hispanic/Latino

**Which best describes your race? (select one)**

- ☐ American Indian/Alaskan Native  
☐ American Indian/Alaskan Native and Black/African American  
☐ American Indian/Alaskan Native and White  
☐ Asian  
☐ Asian and White  
☐ Black/African American  
☐ Black/African American and White  
☐ Native Hawaiian/Other Pacific Islander  
☐ Other/Multiracial  
☐ White

**What is your gender? (Check one that best describes your current gender identity)**

- ☐ Female ☐ Male  
☐ Genderqueer/Gender Non-binary  
☐ Trans Female ☐ Trans Male  
☐ Not listed – please specify: \_\_\_\_\_

**How do you describe your sexual orientation or sexual identity? (Check one)**

- ☐ Bisexual  
☐ Gay/ Lesbian/Same-Gender Loving  
☐ Questioning/Unsure  
☐ Straight/ Heterosexual  
☐ Not listed - please specify: \_\_\_\_\_

