



101-0042017-002

Meeting of May 16, 2017

INFORMATIONAL MEMORANDUM

TO: Community Investment and Infrastructure Commissioners

FROM: Nadia Sesay, Interim Executive Secretary

SUBJECT: Mayor's Office of Housing and Community Development Sample Affordable Housing Rental Lottery Application

EXECUTIVE SUMMARY

At the May 2, 2017 Commission Meeting, Commissioner requested to see a sample of the Affordable Housing Rental Lottery Application. Attached for your reference is the Mayor's Office of Housing and Community Development Sample Affordable Housing Rental Lottery Application.

(Originated by Pamela Sims, Senior Development Specialist – Marketing and Certificate of Preference Liaison)

Nadia Sesay
Interim Executive Director

Edwin M. Lee
MAYOR

Nadia Sesay
INTERIM
EXECUTIVE DIRECTOR

Marilyn Mondejar
CHAIR

Miguel Bustos
Leah Pimentel
Mara Rosales
Darshan Singh
COMMISSIONERS

Attachment: San Francisco Affordable Housing Rental Lottery Application

One S. Van Ness Ave.
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San Francisco, CA
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415 749 2400

www.sfocii.org

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

Olson Lee
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)

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 (before taxes) 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

APPLICANT INFORMATION

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

SOMEONE WE MAY CONTACT IF WE CANNOT REACH YOU? (optional)

PHONE NUMBER

First Name Last Name (Area Code) Phone Number

HOW DO YOU KNOW THIS PERSON?

☐ Family Member ☐ Friend ☐ Other

☐ Social Worker or Housing Counselor NAME OF AGENCY:

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

**SAN FRANCISCO AFFORDABLE HOUSING
RENTAL LOTTERY APPLICATION**

(continued)

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?

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.

You must enter the date of birth for each household member.

HOUSEHOLD MEMBER INFORMATION

First Name	Middle Name	Last Name	Date of Birth (REQUIRED)
First Name	Middle Name	Last Name	Date of Birth (REQUIRED)
First Name	Middle Name	Last Name	Date of Birth (REQUIRED)
First Name	Middle Name	Last Name	Date of Birth (REQUIRED)

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

SAN FRANCISCO AFFORDABLE HOUSING RENTAL LOTTERY APPLICATION

(continued)

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.

HOUSEHOLD PREFERENCE INFORMATION

At least one household member must live in San Francisco or work in San Francisco at least 75% of their working hours for the preferences below. To prove eligibility, one of the listed documents must be submitted with your 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	☐ Neighborhood Resident Housing Preference This preference applies only to new projects. 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. To prove eligibility, 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 address and name of the household member for whom this preference applies? <table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 10%;">Street #</td> <td style="border-bottom: 1px solid black; width: 50%;">Street Name</td> <td style="border-bottom: 1px solid black; width: 20%;">Street Type</td> <td style="border-bottom: 1px solid black; width: 20%;">Unit</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Zip Code</td> <td colspan="3" style="border-bottom: 1px solid black;">Name of NRHP Holder</td> </tr> </table>	Street #	Street Name	Street Type	Unit	Zip Code	Name of NRHP Holder		
Street #	Street Name	Street Type	Unit						
Zip Code	Name of NRHP Holder								
Documentation must list the household member's name and current address and be dated within 45 days of the date of this application.									
☐ Rent Burdened Or Assisted Housing Preference San Francisco households that are currently spending more than 50% of their 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 must be submitted with your application (we will verify the amount of rent you pay after the lottery): • <u>For Residents of HUD Assisted Housing</u>: a copy of your current lease agreement • <u>For Rent Burdened</u>: copy of current lease AND 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									
☐ Displaced Tenant Housing Preference If you hold a Displaced Tenant Housing Preference Certificate (DTHP). DTHP Certificate holders are tenants 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: _____	☐ 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: _____								
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 was or is a resident of the Alice Griffith housing development on or after October 26, 2010									



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RENTAL LOTTERY APPLICATION**

(continued)

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
☐ Email Alert ☐ Friend ☐ Housing Counselor ☐ 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 gender? (select one)

- ☐ Male ☐ Female
☐ Trans Male ☐ Trans Female
☐ Not listed – please specify: _____

Which best describes your sexual orientation?
(select one)

- ☐ Straight/ Heterosexual
☐ Gay ☐ Lesbian ☐ Bisexual
☐ Questioning/Unsure
☐ Not listed - please specify: _____

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

