

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)

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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APPLICANT INFORMATION

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

CURRENT LIVING SITUATION

<input type="checkbox"/> 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? \$ _____	<input type="checkbox"/> I live in a home that I own <input type="checkbox"/> I live in a home that a household member owns, and I do not pay rent
<input type="checkbox"/> 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.	<input type="checkbox"/> 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)
_____ <i>First Middle Last</i>	_____ <i>Month Day Year</i>
RELATIONSHIP TO PRIMARY APPLICANT:	
NAME	DATE OF BIRTH (REQUIRED)
_____ <i>First Middle Last</i>	_____ <i>Month Day Year</i>
RELATIONSHIP TO PRIMARY APPLICANT:	
NAME	DATE OF BIRTH (REQUIRED)
_____ <i>First Middle Last</i>	_____ <i>Month Day Year</i>
RELATIONSHIP TO PRIMARY APPLICANT:	
NAME	DATE OF BIRTH (REQUIRED)
_____ <i>First Middle Last</i>	_____ <i>Month Day Year</i>
RELATIONSHIP TO PRIMARY APPLICANT:	

- 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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RENTAL LOTTERY APPLICATION**

(continued)

TERMS

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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>Which best describes your ethnicity? (select one)</p> <p><input type="radio"/> Hispanic/Latino <input type="radio"/> Not Hispanic/Latino</p>		
<p>Which best describes your race? (select one)</p> <p><input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Black/African American</p> <p><input type="radio"/> American Indian/Alaskan Native <i>and</i> Black/African American <input type="radio"/> Black/African American <i>and</i> White</p> <p><input type="radio"/> American Indian/Alaskan Native <i>and</i> White <input type="radio"/> Native Hawaiian/Other Pacific Islander</p> <p><input type="radio"/> Asian <input type="radio"/> Other/Multiracial</p> <p><input type="radio"/> Asian <i>and</i> White <input type="radio"/> White</p>		
<p>Which is your gender? (Check one that best describes your current gender identity)</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>What was your sex at birth? (Check one)</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Decline to answer</p>	<p>How do you describe your sexual orientation or sexual identity? (Check one)</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>

