

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



**DISPLACED TENANT HOUSING PREFERENCE
CERTIFICATE APPLICATION**

London N. Breed
Mayor

Eric Shaw
Director

DTHP Program Application Instructions

Thank you for your interest in applying for an affordable housing preference certificate through the San Francisco Displaced Tenant Housing Preference Program (DTHP).

It is important to understand both the guidelines for applying and qualifying for a DTHP certificate. For program details, please review the City and County of San Francisco Affordable Housing Preference Program Procedures Manual. It can be found on our website at: <https://sfmohcd.org/lottery-preference-programs>

- Tenants displaced due to fire must also submit a Fire Displacement Verification form signed by a public safety official.

You may submit a completed application packet in person, by mail, by fax, or by uploading it using the secure link. Please be sure to include all required documents.

Online Submissions

Use link below to upload securely via Box:

<https://sfmohcd.app.box.com/f/8656cdbfca424c6f899a3a15d81d894d>

US Postal Service or In-Person Submissions

DTHP Program
Mayor's Office of Housing and Community Development
1 South Van Ness, Fifth Floor
San Francisco, CA 94103

Fax Submission

Fax (415) 701-5501

For specific questions regarding this program or completing the application please call (415) 701-5613. We will strive to return your call within 48 hours.



DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

To be eligible for the DTHP certificate you must meet one of the following criteria. 1) You have experienced an Ellis Act or Owner Move-In (OMI) eviction in San Francisco on or after January 1, 2010. 2) You have been displaced due to a fire in San Francisco and cannot return to the unit within six months of the displacement. 3) The affordability restrictions on your building have/will be expiring. For more detailed information about DTHP eligibility rules please visit <http://sfmohcd.org/displaced-tenant-housing-preference-program-0>.

CONTACT INFORMATION

NAME				DATE
<i>Title</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>mm/dd/yy</i>
CURRENT ADDRESS		MAILING ADDRESS* <input type="checkbox"/> Check if same as current address		
<i>Street #</i>	<i>Street Name</i>	<i>Street Type</i>	<i>Unit</i>	
<i>Address Line Two</i>		<i>Address Line Two</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>		
<small>*Best address to send the physical certificate to.</small>				
DAYTIME PHONE		EVENING PHONE		EMAIL ADDRESS
<i>Area Code</i>	<i>Phone Number</i>	<i>Area Code</i>	<i>Phone Number</i>	
Alternate Contact: _____ (Name & Phone Number)				

DISPLACEMENT INFORMATION

DISPLACEMENT TYPE (Check which type applies):
 Ellis Act Owner Move-In (OMI) Fire Displacement

ADDRESS WHERE DISPLACEMENT OCCURRED		DISPLACEMENT ADDRESS HISTORY		
<i>Street #</i>	<i>Street Name</i>	Date of Move In	Date Eviction Notice* Was Filed	Date of Move Out
<i>Street Type</i>	<i>Unit</i>			
<i>Address Line Two</i>		<i>mm/dd/yy</i>	<i>mm/dd/yy</i>	<i>mm/dd/yy</i>
<i>City</i>	<i>State</i>	<i>Zip Code</i>		

*Date the Notice of Intent to Withdraw (Ellis Act) or Eviction Notice (OMI) was filed by your landlord with the San Francisco Rent Board. For OMI Evictions, if the Eviction Notice was not filed with the Rent Board, enter the date that the Eviction Notice was served to you.



DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE ELIGIBILITY INFORMATION

COMPLETE THIS SECTION ONLY IF DISPLACED THROUGH AN ELLIS ACT OR OMI EVICTION

<p>Is your name listed on the Notice of Intent to Withdraw (Ellis Act) or Eviction Notice (OMI) filed with the Rent Board?</p> <p><input type="radio"/> YES <input type="radio"/> NO</p> <p>If you answered yes, no further documentation is required.</p> <p>If you answered no, you must submit documentation as described here:</p>	<p>Any two of the documents described below (must be dated within 45 days prior to the date that the NOI or Eviction Notice was filed with the Rent Board or served on the tenant)</p> <p>Eviction Notice for the withdrawn unit. Utility bill (landline phone, cable, internet, water, gas, electric, or garbage) Paystub Public benefits records (e.g. SSI/SSDI, Medi-Cal, General Assistance, Unemployment Insurance, CalFresh) School records</p>
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COMPLETE THIS SECTION ONLY IF DISPLACED DUE TO A FIRE

<p>Are you currently displaced due to a fire?</p> <p><input type="radio"/> YES <input type="radio"/> NO</p> <p>If you answered no, you do not qualify for this preference.</p> <p>Are you unable to return to the unit for six months from the date of displacement?</p> <p><input type="radio"/> YES <input type="radio"/> NO</p> <p>If you answered no, you do not qualify for this preference.</p> <p>If you answered yes, you must submit documentation as described here:</p>	<ul style="list-style-type: none"> ▪ Copy of Order to Vacate OR ▪ Copy of Signed Lease OR ▪ Any two of the documents described below (must be dated within 45 days prior to the date of the fire displacement). Copies may be obtained by agencies if needed. Utility bill (landline phone, cable, internet, water, gas, electric, or garbage) Paystub Public benefits records (e.g. SSI/SSDI, Medi-Cal, General Assistance, Unemployment Insurance, CalFresh) School records <p>AND</p> <ul style="list-style-type: none"> ▪ A Fire Displacement Verification form (found on Page 5) completed by a public safety official.
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All records submitted to MOHCD must bear the applicant's name and the address as it appears on your current lease the Notice of Intent to Withdraw, Eviction Notice or Fire Displacement Verification Form. All documents must be verifiable by the source. MOHCD reserves the right to reject any documentation as questionable or unverifiable.

(CONTINUED ON NEXT PAGE)



DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

DECLARATION OF CONTINUOUS OCCUPANCY

For Ellis Act and Owner Move-In Evictions only:

I, (name here) _____, lived at
(eviction address here) _____ at
the time my landlord filed a Notice of Intent to Withdraw (Ellis Act eviction) or an Eviction Notice
(Owner Move-In eviction) with the San Francisco Rent Board or served me with an Eviction Notice.

For displacement due to a fire only:

I, (name here) _____, lived
at (displacement address here) _____
at the time of the fire. I am currently displaced due to the fire and I cannot return to the unit within a
period of six months from the date of the displacement.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and accurate. I acknowledge and understand that this Affidavit will be relied upon for purposes of determining my eligibility for the Displaced Tenant Housing Preference Program. I acknowledge that a material misstatement fraudulently or negligently made in this Affidavit or in any other statement made by me in connection with the application under the Preferences in Affordable Housing Programs (pursuant to Ordinance No. 0164-16) will result in the City's denial of my application.

APPLICANT'S SIGNATURE

DATE



DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

SIGNATURE

ID REQUIREMENT

I have provided a copy of a valid government issued ID.

AFFIDAVIT

I have signed the "Affidavit of Continuous Occupancy" on page 3 of this application.

ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND MADE FOR THE PURPOSE OF APPLYING FOR A DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE THROUGH THE CITY AND COUNTY OF SAN FRANCISCO. VERIFICATION MAY BE OBTAINED FROM ANY SOURCE NAMED IN THIS APPLICATION. I FULLY UNDERSTAND THAT TO KNOWINGLY MAKE ANY FALSE STATEMENTS CONCERNING THIS APPLICATION WILL RESULT IN THE CITY'S DENIAL OF THIS APPLICATION.

APPLICANT'S SIGNATURE

DATE



DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

STATISTICAL INFORMATION

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

WHAT IS YOUR GENDER? CHECK THE <u>ONE</u> THAT BEST DESCRIBES YOUR CURRENT GENDER IDENTITY		HOW DO YOU DESCRIBE YOUR SEXUAL ORIENTATION OR SEXUAL IDENTITY? CHECK ONE PLEASE		PRIMARY LANGUAGE SPOKEN AT HOME		
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Genderqueer/Gender Non-binary <input type="checkbox"/> Trans Female <input type="checkbox"/> Trans Male <input type="checkbox"/> Not listed. Please specify: _____		<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay /Lesbian/Same-Gender Loving <input type="checkbox"/> Questioning /Unsure <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Not listed. Please specify: _____ <input type="checkbox"/> Decline to Answer		<input type="checkbox"/> Chinese – Cantonese <input type="checkbox"/> Chinese – Mandarin <input type="checkbox"/> English <input type="checkbox"/> Filipino <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Language Spoken at Home		
RACE AND ETHNICITY						
ASIAN	BLACK	INDIGENOUS	LATINO	MIDDLE EASTERN/WEST ASIAN OR NORTH AFRICAN	PACIFIC ISLANDER	WHITE
<input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Mongolian <input type="checkbox"/> Central Asian <input type="checkbox"/> South Asian <input type="checkbox"/> Southeast Asian <input type="checkbox"/> Other Asian	<input type="checkbox"/> African <input type="checkbox"/> African American <input type="checkbox"/> Caribbean, Central American, South American or Mexican <input type="checkbox"/> Other Black	<input type="checkbox"/> American Indian/Native American. Specific Group: _____ _____ <input type="checkbox"/> Indigenous from Mexico, the Caribbean, Central America or South America Specific Group: _____ _____ <input type="checkbox"/> Other Indigenous	<input type="checkbox"/> Caribbean <input type="checkbox"/> Central American <input type="checkbox"/> Mexican <input type="checkbox"/> South American <input type="checkbox"/> Other Latino	<input type="checkbox"/> North African <input type="checkbox"/> West Asian <input type="checkbox"/> Other Middle Eastern or North African	<input type="checkbox"/> Pacific Islander <input type="checkbox"/> Chamorro <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> European <input type="checkbox"/> Other White
Date of Birth _____		Gross Annual Income (Individual) \$ __ _____ <i>per year</i>		Household Size:		Are you a Military Veteran: YES / NO

Please find more information on the demographic information requested at www.sfmohcd.org



DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

FIRE DISPLACEMENT VERIFICATION

MOHCD is reviewing the tenant listed below for eligibility for the Displaced Tenant Housing Preference (DTHP) Program made possible by Administrative Code – Preferences in Affordable Housing Programs (#0164-16). This applicant is claiming eligibility based on displacement from a fire. A public safety official must complete this form. Please contact Benjamin Amyes at Human Services Agency – Emergency Response Unit (1650 Mission Street): HSAFireResponse@sfgov.org and 415-557-5370.

NAME				DATE
<i>Title</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>mm/dd/yy</i>

ADDRESS WHERE FIRE DISPLACEMENT OCCURRED				FIRE DISPLACEMENT DATE
<i>Street #</i>	<i>Street Name</i>	<i>Street Type</i>	<i>Unit</i>	<i>mm/dd/yy</i>
<i>Address Line Two</i>				
<i>City</i>	<i>State</i>	<i>Zip Code</i>		

Is the applicant foreseeably displaced from the unit for 6 months from the Displacement Date?

YES NO

Please explain the current status and circumstance of displacement:

PUBLIC SAFETY OFFICIAL

Print Name: _____ Phone: _____

Title: _____ Agency: _____

VERIFICATION SIGNATURE

DATE

Please return this completed signed form to:

San Francisco Displaced Tenant Housing Preference Certificate Application



DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

DTHP Program/MOHCD, 1 South Van Ness Ave., 5th Fl., San Francisco, CA 94103 DTHPcertificate@sfgov.org

For questions, please email or call the DTHP Program, (415) 701-5613
 1 South Van Ness Avenue, 5th Fl. San Francisco, CA 94103
 Main Phone (415) 701-5500 • Fax (415) 701-5501 • TDD (415) 701-5503 • www.sfmohcd.org

DOCUMENT CHECKLIST FOR APPLICANTS (Please Review)

REQUIRED DOCUMENTS LIST		✓
Required For All DTHP Applications		
Completed DTHP Application: Pages 1-5 - Completed page one. - Checked off appropriate type of displacement on page two. - Completed pages and signatures on page three and four.		
A copy of a Government Issued ID		
Required for DTHP Ellis Act or Owner Move-In (OMI) Eviction Application		
Any supporting documents required: (paystubs, school records, PG&E, cable, internet or garbage bill)		
Required for DTHP Fire Displacement Application		
If you were displaced due to a fire page five the "Fire Displacement Verification" Form is required		

INSTRUCTIONS

Submit your complete signed application, supporting documents and a **copy of your ID** via one of the following:

<u>Online Submissions (preferred)</u> Upload using secure link via Box: https://sfmohcd.app.box.com/f/8656cdbfca424c6f899a3a15d81d894d	<u>Fax Submissions</u> (415) 701-5501
<u>US Postal Service or In-Person Submissions</u> DTHP Program Mayor's Office of Housing and Community Development 1 South Van Ness Avenue, 5 th Floor San Francisco, CA 94103	

Next steps:

MOHCD will contact you in writing with your eligibility status and/or if any additional documents are required.