

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



**DISPLACED TENANT HOUSING PREFERENCE
CERTIFICATE APPLICATION
EXPIRING AFFORDABILITY RESTRICTION**

Daniel Lurie
Mayor

Daniel Adams
Director

**DTHP (Expiring Affordability Restrictions)
Program Application Instructions**

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

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

You may submit a completed application packet and supporting documents in person, by mail, or by uploading it to the secure link below. Please be sure to include all required documents for all household members seeking a DTHP Certificate.

Online Submissions (This is the most secure and preferred way to submit your application)

Upload using a Secure Link:

<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

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.

DATA DISCLOSURE

MOHCD strives to protect your personally identifiable information (PII) from loss, theft, misuse and unauthorized access and disclosure. PII includes your name, address, birthdate, race and ethnicity, gender, sexual orientation/identity, and household size and income. Also, PII is never included in reports, public documents or public websites, and can only be seen by authorized persons when it's necessary.

DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

EXPIRATION OF AFFORDABILITY RESTRICTIONS

Use this form to apply for the DTHP certificate if you are an affordable housing tenant who will pay more than 40% of their income in rent due to the expiring affordability restrictions in your City sponsored building . All household members over the age of 18 are eligible however, please submit one application per household. For more detailed information about DTHP eligibility rules please visit

<http://sfmohcd.org/displaced-tenant-housing-preference-program-0>.

TODAY'S DATE: _____

CONTACT INFORMATION	NAME			
	_____	_____	_____	_____
	<i>Title</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</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>	<i>City</i>	
			<i>State</i>	
			<i>Zip Code</i>	
*Best address to send the physical certificate to.				
DAYTIME PHONE		EVENING PHONE		
_____		_____		
<i>Area Code</i>	<i>Phone Number</i>	<i>Area Code</i>	<i>Phone Number</i>	
EMAIL ADDRESS				

Alternate Contact: _____ (Name & Phone Number)				

DISPLACEMENT INFORMATION	Is your current address the same as the address where the affordability restrictions are due to or have expired? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	If you answered No, please provide information below:				
	ADDRESS WHERE RESTRICTIONS EXPIRED		DATE OF RENT INCREASE NOTIFICATION	AFFORDABLE HOUSING HISTORY	
_____		_____	Date of Move In	Date of Move Out	
_____			_____	_____	
<i>Street #</i>			<i>mm/dd/yy</i>	<i>mm/dd/yy</i>	
	<i>Street Name</i>				
	<i>Street Type</i>				
	<i>Unit</i>				



DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

EXPIRATION OF AFFORDABILITY RESTRICTIONS

Include ALL members of your household, regardless of age.

Primary Applicant/Head of Household (Household Member 1)

HOUSEHOLD MEMBER #1 Primary Applicant	LEGAL NAME		DATE OF BIRTH	
	<div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>		<div style="display: flex; justify-content: space-between; font-size: small;"> Month Day Year </div>	
	OCCUPATION:		ON LEASE?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	MARRIED OR DOMESTIC PARTNERED?	DEPENDENT?	IN SCHOOL?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Household Member 2

HOUSEHOLD MEMBER #2	LEGAL NAME		DATE OF BIRTH	
	<div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>		<div style="display: flex; justify-content: space-between; font-size: small;"> Month Day Year </div>	
	OCCUPATION:		ON LEASE?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	MARRIED OR DOMESTIC PARTNERED?	DEPENDENT?	IN SCHOOL?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
RELATIONSHIP TO HEAD OF HOUSEHOLD:				

Household Member 3

HOUSEHOLD MEMBER #3	LEGAL NAME		DATE OF BIRTH	
	<div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>		<div style="display: flex; justify-content: space-between; font-size: small;"> Month Day Year </div>	
	OCCUPATION:		ON LEASE?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	MARRIED OR DOMESTIC PARTNERED?	DEPENDENT?	IN SCHOOL?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
RELATIONSHIP TO HEAD OF HOUSEHOLD:				

Household Member 4

HOUSEHOLD MEMBER #4	LEGAL NAME		DATE OF BIRTH	
	<div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>		<div style="display: flex; justify-content: space-between; font-size: small;"> Month Day Year </div>	
	OCCUPATION:		ON LEASE?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	MARRIED OR DOMESTIC PARTNERED?	DEPENDENT?	IN SCHOOL?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
RELATIONSHIP TO HEAD OF HOUSEHOLD:				

(If you need to add more household members, please attach a separate sheet to this application)

Total Household Size
Including Dependents:



DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

EXPIRATION OF AFFORDABILITY RESTRICTIONS

“HH#” = Using the first two pages, enter the number for the corresponding Household Member

HOUSEHOLD EMPLOYMENT AND INCOME

EMPLOYMENT AND INCOME: Please provide the following information for each household member over the age of 18. Household members with more than one source of income, should list each one separately.						
HH#	Type of Income Received	Employer Name & Occupation or Title	Employer Address	Start Date	End Date	Gross Annual Income
	<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> Public Assistance <input type="checkbox"/> Other: Click or tap here to enter text.					\$
	<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> Public Assistance <input type="checkbox"/> Other: Click or tap here to enter text.					\$
	<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> Public Assistance <input type="checkbox"/> Other: Click or tap here to enter text.					\$
	<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Social Security <input type="checkbox"/> Public Assistance <input type="checkbox"/> Other: Click or tap here to enter text.					\$
TOTAL GROSS ANNUAL INCOME						

HOUSEHOLD ASSETS – NON RETIREMENT

INCOME FROM LIQUID ASSETS

Important: You must list every cash account that shows a household member as an account holder including joint accounts, custodial accounts for minors, and other accounts on which a household member’s name appears. Liquid asset accounts include, but are not limited to, checking and savings accounts, Certificates of Deposit, Mutual Funds, stocks, bonds, trust funds, limited liability investments, and any other account in which money is saved. If money is not saved in an institution (e.g. it is saved at home), applicants must list this amount, as well. Do not include material assets such as cars or boats. Failure to list all accounts will disqualify your household. Attach additional sheets if necessary.

“HH #” = Using the first two pages, enter the number for the corresponding Household Member

HH #	Name of Institution (bank name, etc.)	Last 4 Digits of Account Number	Type of Asset (e.g: bank account, savings account, CD, mutual fund, trust fund, gift, etc.)	Current Cash Value of Asset
				\$
				\$
				\$
				\$
				\$
				\$
Total Household Liquid Assets (do not include retirement):				\$

DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

EXPIRATION OF AFFORDABILITY RESTRICTIONS

THE FOLLOWING QUESTIONS APPLY TO THE ENTIRE HOUSEHOLD (Response Required):

HOUSEHOLD DISCLOSURES

Does any household member have an ownership interest in a business entity? If yes, provide name of business: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any household member appeared on title for a housing unit in the past 3 years from the date of this application? If yes, enter name(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any household member using a Section 8 Housing Choice Voucher or Certificate, or any other form of housing assistance as a payment of rent? If yes, what type of housing assistance do you receive? _____ Please provide recipient's name(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

TERMS AND SIGNATURES

HOUSEHOLD CERTIFICATION AND SIGNATURES

THE INFORMATION ON THIS FORM WILL BE USED TO DETERMINE ELIGIBILITY. I/WE HAVE LISTED ALL PERSONS IN MY/OUR HOUSEHOLD. I/WE HAVE PROVIDED EACH HOUSEHOLD MEMBER'S ACCEPTABLE VERIFICATION OF CURRENT ANNUAL INCOME. I/WE HAVE ALSO DISCLOSED ALL ASSETS HELD BY EACH PERSON LISTED ON THE APPLICATION, AND HAVE PROVIDED DOCUMENTATION THEREOF. UNDER PENALTIES OF PERJURY, I/WE CERTIFY THAT THE INFORMATION PRESENTED IN THIS APPLICATION IS 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/WE FULLY UNDERSTAND THAT TO KNOWINGLY MAKE ANY FALSE STATEMENTS CONCERNING THIS APPLICATION CONSTITUTES AN ACT OF FRAUD AND WILL RESULT IN THE CITY'S DENIAL OF THIS APPLICATION.

Further, I and the household members named on this application have been notified that the affordability restrictions are set to or have expired.

Please Note: The City and County of San Francisco is subject to the requirements of the California Public Records Act, Government Code Section 6250, et seq. The Public Records Act provides that virtually all documents held or used by the City in the course of conducting the public's business are public records which the City, subject to certain limited exemptions, must make available for inspection and copying by the public. MOHCD will not disclose personal sensitive information including dates of birth, social security numbers and bank account numbers.

Must be signed by all applicants 18 years or older.

HH # "HH#" = Household Member Number

1	_____ <i>Applicant's Signature</i>	_____ <i>Applicant's Printed Name</i>	_____ <i>Date</i>
2	_____ <i>Applicant's Signature</i>	_____ <i>Applicant's Printed Name</i>	_____ <i>Date</i>
3	_____ <i>Applicant's Signature</i>	_____ <i>Applicant's Printed Name</i>	_____ <i>Date</i>
4	_____ <i>Applicant's Signature</i>	_____ <i>Applicant's Printed Name</i>	_____ <i>Date</i>



DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

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DTHP-EAR DOCUMENTATION CHECKLIST

The following documentation is due for each household member who is 18 years old or older.

Household Last Name: _____	HH member #1	HH member #2	HH member #3	HH member #4
1. IDENTIFICATION: Please provide a copy of a valid government-issued ID.				
2. TAXES If you filed a Federal Income Tax form, submit: <ul style="list-style-type: none"> ▪ Signed and dated copies of last 1 year of Federal Income Tax Returns (IRS Form 1040 or 1040EZ or 1040A form) ▪ Include all SCHEDULES, attachments, and W-2 form(s) PLEASE NOTE: WE DO NOT ACCEPT TAX TRANSCRIPTS IN LIEU OF TAX RETURNS				
If you did NOT file a recent Federal Income Tax form, you must: <ul style="list-style-type: none"> ▪ Complete the attached Income Tax Declaration and submit it with documents to support your claim. 				
If you are applying between January 1st and April 15th, you must: <ul style="list-style-type: none"> ▪ Submit the most recent Federal Income Tax Form filed, and provide W-2 form(s) for the year you are about to file. 				
3. INCOME If you work and receive paystubs, submit: <ul style="list-style-type: none"> ▪ Copies of the 2 most recent and consecutive paystubs and/or income statements. ▪ If hired recently, provide Employment Offer Letter. If you receive severance pay, Social Security, unemployment benefits, retirement income, disability, public assistance, or the like, submit the: <ul style="list-style-type: none"> • Most recent benefits or award letter stating your income. If you are Self-Employed, you must: <ul style="list-style-type: none"> • Complete the attached Self-Employed Declaration form and attach your Year to Date Profit and Loss statement plus the past 2 years of federal income tax returns. 				
If you are Unemployed and have ZERO income, you must: <ul style="list-style-type: none"> ▪ Complete the attached Unemployment Declaration 				
4. ASSETS <ul style="list-style-type: none"> ▪ Copies of 2 most recent and consecutive official bank and asset statements for ALL accounts and include ALL pages. ▪ A written explanation and supporting documentation for deposits totaling \$500 or more, not including your documented employment. 				
5. Housing Assistance Documentation If you receive a subsidy or have a housing voucher, you must: <ul style="list-style-type: none"> ▪ Submit most recent document stating eligibility for housing assistance voucher or subsidy 				



These optional questions will not affect your eligibility in any way.

Questions should be answered by the Head of Household. Your individual answers are kept completely confidential and used only for statistical purposes.

Head of Household:

Which best describes 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: _____

Which best describes your sexual orientation or sexual identity? (Check one)

- ☐ Bisexual
☐ Gay/ Lesbian/Same-Gender Loving
☐ Questioning/Unsure
☐ Straight/ Heterosexual
☐ 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

Household Member 2:

Which best describes 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: _____

Which best describes your sexual orientation or sexual identity? (Check one)

- ☐ Bisexual
☐ Gay/ Lesbian/Same-Gender Loving
☐ Questioning/Unsure
☐ Straight/ Heterosexual
☐ 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

Household Member 3:

Which best describes your gender? (Check one that best describes your current gender identity) <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: _____	Which best describes your sexual orientation or sexual identity? (Check one) <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: _____
Which best describes your ethnicity? (select one) <input type="radio"/> Hispanic/Latino <input type="radio"/> Not Hispanic/Latino	
<hr/> Which best describes your race? (select one) <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> American Indian/Alaskan Native <u>and</u> Black/African American <input type="radio"/> Asian <input type="radio"/> American Indian/Alaskan Native <u>and</u> White <input type="radio"/> Black/African American <input type="radio"/> Asian <u>and</u> White <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Black/African American <u>and</u> White <input type="radio"/> White <input type="radio"/> Other/Multiracial	

Household Member 4:

Which best describes your gender? (Check one that best describes your current gender identity) <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: _____	Which best describes your sexual orientation or sexual identity? (Check one) <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: _____
Which best describes your ethnicity? (select one) <input type="radio"/> Hispanic/Latino <input type="radio"/> Not Hispanic/Latino	
<hr/> Which best describes your race? (select one) <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> American Indian/Alaskan Native <u>and</u> Black/African American <input type="radio"/> Asian <input type="radio"/> American Indian/Alaskan Native <u>and</u> White <input type="radio"/> Black/African American <input type="radio"/> Asian <u>and</u> White <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Black/African American <u>and</u> White <input type="radio"/> White <input type="radio"/> Other/Multiracial	

**DISPLACED TENANT HOUSING PREFERENCE
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INCOME TAX DECLARATION

If you were not required by law to file Federal Income Tax returns, complete this form.

I/We (enter name(s) here)

hereby certify that I/we was/were not required by law to file a Federal Income Tax Return

for the following year(s)

for the reason(s) below:

Please note you may be asked to fill out the Federal form 4506-T, the Request for Transcript of Tax Return from the Internal Revenue Service.

By signing below, I/(we) certify, under penalty of perjury, that the information presented in this Declaration is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. I/(We) acknowledge and understand that this declaration will be used to determine my/(our) household's eligibility for a Displaced Tenant Housing Preference Certificate through the City and County of San Francisco.

Dated: _____

Signature of Applicant

Dated: _____

Signature of Applicant

**DISPLACED TENANT HOUSING PREFERENCE
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SELF-EMPLOYED DECLARATION

If you are self-employed, complete this form.

I (name here) _____
am currently self-employed. Attached to this declaration is my Year-To-Date Profit and Loss Statement which is a true and accurate reflection of my income.

I have been self-employed since (month and year): _____

This declaration must be accompanied by a signed and dated Year-To-Date Profit and Loss Statement. The Profit and Loss Statement must be modeled on Schedule C of the most currently available federal income tax form. If you need help creating a Profit and Loss Statement, please contact Home SF for application assistance at 415.202.5464 or at info@homesanfrancisco.org.

By signing below, I certify, under penalty of perjury, that the information presented in this Declaration is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. I acknowledge and understand that this declaration will be used to determine my household's eligibility for a Displaced Tenant Housing Preference Certificate through the City and County of San Francisco.

Dated: _____

Signature of Applicant

**DISPLACED TENANT HOUSING PREFERENCE
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UNEMPLOYMENT DECLARATION

If you are currently unemployed or do not work, complete this form.

This Declaration is to be signed by each household member 18 years of age and older with no employment income.

I (name here) _____
am not presently employed and am not currently receiving any income. I am **NOT** eligible to apply for unemployment benefits and have had no other type of compensation.

Please read carefully and complete all statements that apply:

- ☐ I am not presently employed and do not anticipate becoming employed within the next twelve (12) months.
- ☐ I am not presently employed, but I am seeking employment. Based on my past work experience, skills, and income history, I expect to earn \$_____ yearly.
- ☐ I am not working, but will begin a new employment opportunity soon.
 - ❖ Please attach supporting documents, such as a job offer letter or contract for future employment and anticipated income if available.
 - ❖ Please provide the following information.

Expected Start Date	
Hourly Rate	
Number of hours per week	
Annual Salary	

By signing below, I certify, under penalty of perjury, that the information presented in this Declaration is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. I acknowledge and understand that this declaration will be used to determine my household's eligibility for a Displaced Tenant Housing Preference Certificate through the City and County of San Francisco.

Dated: _____

Signature of Applicant