

937 CLAY STREET

937 Clay Street, San Francisco CA 94108 • P: (415) 872-9620 Email: 937Clay@chinatowncdc.org

Application for Housing

FOR OFFICE USE ONLY

Referral Source	Date and Time Stamp Received	Staff Initials
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Chinatown Community Development Center does not discriminate based on race, color, place of birth, creed, religion, sex, national origin, age, familial status, source of income, weight, height, gender identity, disability, ancestry, medical condition, physical condition, veteran status, sexual orientation, AIDS, AIDS related condition (ARC), mental disability, or any other arbitrary status.

UNIT TYPE PREFERENCE

	AMI	Rent	Max Income
<input type="checkbox"/> SRO (BETWEEN 71-88 SQ.FT)	60%	\$900	\$51,700
<input type="checkbox"/> SRO (BETWEEN 100-102 SQ.FT)	65%	\$1,000	\$56,050
<input type="checkbox"/> SRO (123 SQ.FT)	75%	\$1,200	\$64,650

TRANSLATION AND ORAL INTERPRETATION

Language(s) spoken at your home?

Do you need an interpreter?

Yes

No

APPLICANT INFORMATION

List all persons who will be living with you, including Live-In Aides.*

Name	Date of Birth	Social Security Number	Relationship to Head of Household
1.			Head of Household
2			
3			

*A live-in aide is a person who resides with an elderly or near-elderly person, or person with disabilities, and who is essential to the care and well-being of the person, is not obligated for the financial support of the person, and would not be living in the unit except to provide the necessary supportive services.

CONTACT INFORMATION

Current Address:

Mailing Address:
(if different)

Phone 1:

Phone 2:

Email:

ALTERNATE CONTACT PERSON

Examples may include relative, friend, case worker, etc.

Name:	Relationship:	Agency:
Phone:	Email:	Fax:
Address:		

Household Income Information

Please list all income information for the household. You may estimate.
Attach separate sheet if you have additional income.

Household Member:		
Type of Income:		Source (Company/Agency Name):
Address:		
Phone:	Fax:	Gross Monthly Income: \$
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Address:		
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Address:		
Phone:	Fax:	Gross Monthly Income: \$
Household Member:		
Type of Income:		Source (Company/Agency Name):
Address:		
Phone:	Fax:	Gross Monthly Income: \$

Household Asset Information

Please list all income information for the household. You may estimate.
Attach separate sheet if you have additional assets.

Household Member:	
Type of Asset:	Financial Institute:
Account Number:	Current Balance: \$
If this is a joint account, list other account holders:	
Household Member:	
Type of Asset:	Financial Institute:
Account Number:	Current Balance: \$
If this is a joint account, list other account holders:	
Household Member:	
Type of Asset:	Financial Institute:
Account Number:	Current Balance: \$
If this is a joint account, list other account holders:	
Household Member:	
Type of Asset:	Financial Institute:
Account Number:	Current Balance: \$
If this is a joint account, list other account holders:	
Household Member:	
Type of Asset:	Financial Institute:
Account Number:	Current Balance: \$
If this is a joint account, list other account holders:	
Household Member:	
Type of Asset:	Financial Institute:
Account Number:	Current Balance: \$
If this is a joint account, list other account holders:	
Household Member:	
Type of Asset:	Financial Institute:
Account Number:	Current Balance: \$
If this is a joint account, list other account holders:	

Housing References

Starting with your current residence, please provide the following information for the past three years. Attach separate sheet if you have additional housing references.

Household Member:			
Current Residence Address:			
Move In Date:	Monthly Rent:	<input type="checkbox"/> In program/Shelter	<input type="checkbox"/> Rent
		<input type="checkbox"/> With family/Friends	<input type="checkbox"/> Own
Landlord Name:	Landlord Phone:	Landlord Fax/Email:	
Landlord Mailing Address:			
Household Member:			
Previous Address:			
Move In/Move Out Date:	Monthly Rent:	<input type="checkbox"/> In program/Shelter	<input type="checkbox"/> Rent
		<input type="checkbox"/> With family/Friends	<input type="checkbox"/> Own
Landlord Name:	Landlord Phone:	Landlord Fax/Email:	
Landlord Mailing Address:			
Household Member:			
Previous Address:			
Move In/Move Out Date:	Monthly Rent:	<input type="checkbox"/> In program/Shelter	<input type="checkbox"/> Rent
		<input type="checkbox"/> With family/Friends	<input type="checkbox"/> Own
Landlord Name:	Landlord Phone:	Landlord Fax/Email:	
Landlord Mailing Address:			
Household Member:			
Previous Address:			
Move In/Move Out Date:	Monthly Rent:	<input type="checkbox"/> In program/Shelter	<input type="checkbox"/> Rent
		<input type="checkbox"/> With family/Friends	<input type="checkbox"/> Own
Landlord Name:	Landlord Phone:	Landlord Fax/Email:	
Landlord Mailing Address:			
If you have less than three years of housing references, please explain why below:			

Household Information

<p>1. Do you expect changes to your household size within the next twelve (12) months? If yes, please explain:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Is anyone in your household separated but not divorced? If yes, please list names:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Are any adult household members full-time students or planning to become full-time students within the next twelve (12) months? If yes, please list names:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Do you have a current, transferable Section 8 voucher or other similar subsidy? If yes, what agency is your subsidy through?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Are you being displaced from your home by a result of a government action or a presidential declared disaster? If yes, please explain:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Have you or any household members lived outside of California in the last three years? If yes, please list:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Have you or any household member ever been evicted from any residence for any reason in the last three years? If yes, please list when and why:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to comply with re-certification procedures? If yes, list when and why:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. Do you have a Certificate of Preference (COP) Certificate?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. Do you have a Displaced Tenants Housing Preference (DTHP) Certificate?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information

REASONABLE ACCOMMODATIONS

1. Will you or any of your household members require a live-in aide to assist you? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you, or does any member of your family have a condition that requires: <input type="checkbox"/> A barrier-free apartment <input type="checkbox"/> Unit for hearing impaired <input type="checkbox"/> Unit for vision impaired <input type="checkbox"/> Unit on second floor	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you or any of your household members have a service/assistance pet or animal? If yes, please list type of animal:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are there other reasonable accommodations that you require to provide you equal access to housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SUPPLEMENTAL INFORMATION

1. If there are any circumstances that may impact your qualification for housing, please use this space to provide additional information for consideration.
2. How did you find out about this property?

Optional Information

ETHNIC CATEGORIES

Please check only one:

Hispanic or Latino

RACIAL CATEGORIES

Please check all that apply:

Alaskan Native / American Indian
 African American

Not Hispanic or Latino

Pacific Islander / Asian

White

Decline to state

Other: _____

Decline to state

Certification

1. If my/our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that we will maintain no other place of residence, and that there are no other persons for whom we have or expect to have responsibility for providing housing.
2. I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner, its agents and employees to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental, or credit screening services, or law enforcement or other public agencies, and to contact previous or current landlords or other sources for credit and/or verification information which may be released by appropriate federal, state, local agencies, or private persons to the management. Criminal records check and assessment will adhere to Fair Chance Ordinance (FCO) Article 49 San Francisco Police Code– Procedures for Considering Arrests and Convictions and Related Information in Employment and Housing Decisions.
3. I/we authorize the owner, its agents and employees to obtain one or more consumer reports as defined in the Fair Credit Reporting Act, 15 U.S. C. Section 1681a(d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.
4. I/we authorize the owner, its agents and employees to obtain information about my/our background to see if there is any criminal history, including arrests or convictions which may affect me/us from moving onto the property, in compliance with our tenant selection criterion and in accordance to Fair Chance Ordinance (FCO) Article 49 San Francisco Police Code– Procedures for Considering Arrests and Convictions and Related Information in Employment and Housing Decisions and will not be considered until after all other qualifications are met.
5. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
6. I/we understand that false statements or information will deem me/us ineligible, or if move in has occurred, termination of the rental agreement.
7. I/we understand we must provide written notification of any changes to the information on this form.
8. I/we understand and acknowledge that the completion of this application does not guarantee housing. I/we understand and acknowledge that I/we will have no rights to a housing unit until I/we sign a rental agreement and submit a security deposit, as required

by the property.

Signatures to follow on next page

Signatures

Please ensure that all adult household members have signed and dated below.

Head of Household: Name: _____

Signature: _____

Date: _____

Household Member 2: Name: _____

Signature: _____

Date: _____

Household Member 3: Name: _____

Signature: _____

Date: _____