



MACEO MAY APARTMENTS

55 CRAVATH STREET TREASURE ISLAND

San Francisco, CA 94130

Waitlist for 15 Affordable Two-Bedroom Units!

Must be a Veteran Household



Reasonable accommodations will be made available upon request.

Veteran Family Units Available!

**Lottery Application
Deadline:
December 8, 2022 at
5PM**

**Submit Attached
Completed
Applications to:
<https://bit.ly/3NNPKZf>**

Applicants must include proof of military service along with the Affordable Housing Rental Application. Documents we accept include:

- DD Form 214
- DD Form 256
- Valid Veterans Administration issued I.D. card
- Valid Military I.D. card

LEARN MORE & CONTACT US AT:

415-834-0341 ext. 412

Office Hours:
Monday – Friday 8 am – 4 pm

Charissa.Jones@stp-sf.org

FEATURES & AMENITIES:

- Pet Friendly
- Onsite Laundry
- Elevator access to all floors
- Parking garage
- Ground floor space features a meeting room, community room and kitchen.
- In unit kitchens with an electric range, durable plywood cabinetry, refrigerator, range hood, and stove.
- Spacious bedrooms
- Outdoor deck and patio space with built-in planters, benches, picnic tables, a playground and even a ping pong table!
- Sustainable features including an Energy Recovery Ventilator (ERV) with a MERV-13 filter to maintain better indoor air for every unit. Also a solar Powered- backup generator system to keep the building's main systems operational during power outages.



INCOME QUALIFICATIONS & RENTS

MONTHLY RENT

2-Bedrooms - \$1,405 – \$1,716

MINIMUM INCOME IS 2 TIMES THE RENT

MAXIMUM HOUSEHOLD ANNUAL INCOME

Household Size	2 Persons	3 Persons	4 Persons	5 Persons
50%	\$55,450	\$62,350	\$69,300	\$74,850
60%	\$66,500	\$74,800	\$83,150	\$89,800

Occupancy: 2-5 person households

San Francisco Housing Preferences do not apply.

Lottery will be held online.

MACEO MAY APARTMENTS

A Supportive Housing Community for U.S. Veterans Managed by Swords to Plowshares

APPLICATION FOR HOUSING

FOR OFFICE USE ONLY		
Referral Source	Stamped Date and Time Received	Received By

Swords to Plowshares 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.

Please note that the Veterans Units are specifically for homeless veterans and their families with very low income. In order to be considered for housing, please answer the questions below.

Are you a Veteran of the US Armed Forces? Yes No

Veteran status will be verified through either a Statement of Service or a DD-214 form.

Do you meet HUD's definition of homeless (subsidy units only)? Yes No

HUD adopted the Federal definition which defines a chronically homeless person as "either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years."

%	1	2	3	4	5
50% AMI	\$48,500	\$55,450	\$62,350	\$69,300	\$74,850
60% AMI	\$58,200	\$66,500	\$74,800	\$83,150	\$89,800

UNIT TYPE PREFERENCE

One-bedroom Two-bedroom

TRANSLATION and ORAL INTERPRETATION

Language(s) spoken at home: _____

Do you need an Interpreter: Yes No

APPLICANT INFORMATION

First, Middle, Last Name:	Date of Birth:	Social Security Number:	Driver License Number:	Relationship to Head-of-Household:
				Head-of-Household

Current Address: _____

Home Ph: _____ Cell Ph: _____ Email: _____



VETERAN INFORMATION

Branch of Service:

- Air Force
- Army
- Marines
- Merchant Marines
- Navy
- Other:

Verification of Duty:

- DD 214
- Form 180 sent
- VA Printout
- Other:

Type of Service:

- Active
- Reserve
- National Guard

Duration of Active Duty: From _____ To _____

- Era of Service:**
- OEF-OIF/GWOT (Post – 9/11/01)
 - Persian Gulf Era (8/91 - 9/01)
 - Post-Vietnam Era (5/75 – 7/91)
 - Vietnam Era (8/64 – 4/75)
 - Korea/Vietnam Era (2/55 – 7/64)
 - Korean War (6/50 – 1/55)
 - Another Era

- Type of Discharge:**
- Honorable
 - General
 - OTH
 - BCD
 - Dishonorable
 - Hardship
 - Medical

List everyone, who will live with you, including Live-in Aide*

ADDITIONAL APPLICANT(S)

First, Middle, Last Name:	Date of Birth:	Social Security Number:	Driver License Number:	Relationship to Head-of-Household:

Current Address: _____

Home Ph: _____ Cell Ph: _____ Email: _____

First, Middle, Last Name:	Date of Birth:	Social Security Number:	Driver License Number:	Relationship to Head-of-Household:

Current Address: _____

Home Ph: _____ Cell Ph: _____ Email: _____

*Allowing a **Live-in Aide** for a disabled person is a fair housing requirement. The **definition** of a **Live-in aide** is a person who resides with one or more elderly persons, near-elderly persons, or persons with disabilities, and who: Is determined to be essential to the care and well-being of the person(s). Income from a **Live-in Aide** is not counted as household income.



HOUSEHOLD INCOME AND ASSET INFORMATION

Head-of-Household: _____

Type of Income: _____ Source: _____
(i.e. employment, social security, etc.) (company or agency name)

Address: _____ Phone: _____ Fax: _____

Email: _____ Gross Monthly Income: \$ _____

Type of Asset: _____ Financial Institute: _____
(i.e. checking/savings account, whole life insurance)

Account #: _____ Current Balance: \$ _____

If this is a joint account, list all account holders: _____

Household Member: _____

Type of Income: _____ Source: _____
(i.e. employment, social security, etc.) (company or agency name)

Address: _____ Phone: _____ Fax: _____

Email: _____ Gross Monthly Income: \$ _____

Type of Asset: _____ Financial Institute: _____
(i.e. checking/savings account, whole life insurance)

Account #: _____ Current Balance: \$ _____

If this is a joint account, list all account holders: _____

Household Member: _____

Type of Income: _____ Source: _____
(i.e. employment, social security, etc.) (company or agency name)

Address: _____ Phone: _____ Fax: _____

Email: _____ Gross Monthly Income: \$ _____

Type of Asset: _____ Financial Institute: _____
(i.e. checking/savings account, whole life insurance)



Account #: _____

Current Balance: \$ _____

If this is a joint account, list all account holders: _____

HOUSEHOLD INFORMATION

1. Do you expect changes to your household size within the next twelve (12) months?

If yes, please explain: _____

Yes No

2. Are any adult household members full-time student or planning to become a full-time student within the next twelve (12) months?

If yes, please list their name(s): _____

Yes No

REASONABLE ACCOMMODATIONS

1. Will you or any household member require a Live-in Aide?

Yes No

2. Do you or any member of your household have a condition that requires:

- A unit with communication features A unit with vision impaired features
 A unit on the first floor A unit with mobility features

Yes No

3. Do you or any household member have a service/assistance animal?

Yes No

4. Are there other reasonable accommodations that you or any household member require to provide you equal access to housing?

Yes No

OPTIONAL INFORMATION

RACE (please check all that apply):

- American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Pacific Islander White Other: _____
 Decline to State

ETHNIC (please check only one):

- Hispanic or Latino Not Hispanic or Latino Decline to State



CERTIFICATION

1. If the application is approved and move-in occurs, I/we certify that only those persons listed in this application will occupy the apartment, that I/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 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 credit worthiness, 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.

Continued on next page



SIGNATURE(S)

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

Head of Household:

Name: _____

Signature: _____

Date: _____

Household Member:

Name: _____

Signature: _____

Date: _____

Household Member:

Name: _____

Signature: _____

Date: _____

