MACEO MAY APARTMENTS
55 CRAVATH STREET
TREASURE ISLAND
San Francisco, CA 94130
Waitlist for 15 Affordable Two-Bedroom Units!
Must be a Veteran Household

Veteran Family Units Available!

Lottery Application Deadline:
December 8, 2022 at 5PM

Submit Attached Completed Applications to:

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

Reasonable accommodations will be made available upon request.

LEARN MORE & CONTACT US AT:

415-834-0341 ext. 412
Charissa.Jones@stp-sf.org

Office Hours:
Monday – Friday     8 am – 4 pm
**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**

<table>
<thead>
<tr>
<th>Household Size</th>
<th>2 Persons</th>
<th>3 Persons</th>
<th>4 Persons</th>
<th>5 Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>$55,450</td>
<td>$62,350</td>
<td>$69,300</td>
<td>$74,850</td>
</tr>
<tr>
<td>60%</td>
<td>$66,500</td>
<td>$74,800</td>
<td>$83,150</td>
<td>$89,800</td>
</tr>
</tbody>
</table>

Occupancy: 2-5 person households

San Francisco Housing Preferences do not apply.

Lottery will be held online.
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.

**APPLICATION FOR HOUSING**

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.”

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>50% AMI</td>
<td>$48,500</td>
<td>$55,450</td>
<td>$62,350</td>
<td>$69,300</td>
<td>$74,850</td>
</tr>
<tr>
<td>60% AMI</td>
<td>$58,200</td>
<td>$66,500</td>
<td>$74,800</td>
<td>$83,150</td>
<td>$89,800</td>
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</tbody>
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**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:  

Current Address:  
Home Ph:  
Cell Ph:  
Email:  

Application for Housing  
(415) 655-7041  •  55 Cravath Street, San Francisco, California 94130  •
**VETERAN INFORMATION**

<table>
<thead>
<tr>
<th>Branch of Service:</th>
<th>Verification of Duty:</th>
<th>Type of Service:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Air Force</td>
<td>☐ DD 214</td>
<td>☐ Active</td>
</tr>
<tr>
<td>☐ Army</td>
<td>☐ Form 180 sent</td>
<td>☐ Reserve</td>
</tr>
<tr>
<td>☐ Marines</td>
<td>☐ VA Printout</td>
<td>☐ National Guard</td>
</tr>
<tr>
<td>☐ Merchant Marines</td>
<td>☐ Other:</td>
<td></td>
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<tr>
<td>☐ Navy</td>
<td></td>
<td></td>
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<tr>
<td>☐ Other:</td>
<td></td>
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</tbody>
</table>

**Duration of Active Duty:** From ________________ To ________________

<table>
<thead>
<tr>
<th>Era of Service:</th>
<th>Type of Discharge:</th>
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</thead>
<tbody>
<tr>
<td>☐ OEF-OIF/GWOT (Post – 9/11/01)</td>
<td>☐ Honorable</td>
</tr>
<tr>
<td>☐ Persian Gulf Era (8/91 - 9/01)</td>
<td>☐ General</td>
</tr>
<tr>
<td>☐ Post-Vietnam Era (5/75 – 7/91)</td>
<td>☐ OTH</td>
</tr>
<tr>
<td>☐ Vietnam Era (8/64 – 4/75)</td>
<td>☐ BCD</td>
</tr>
<tr>
<td>☐ Korea/Vietnam Era (2/55 – 7/64)</td>
<td>☐ Dishonorable</td>
</tr>
<tr>
<td>☐ Korean War (6/50 – 1/55)</td>
<td>☐ Hardship</td>
</tr>
<tr>
<td>☐ Another Era</td>
<td>☐ Medical</td>
</tr>
</tbody>
</table>

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

**ADDITIONAL APPLICANT(S)**

<table>
<thead>
<tr>
<th>First, Middle, Last Name:</th>
<th>Date of Birth:</th>
<th>Social Security Number:</th>
<th>Driver License Number:</th>
<th>Relationship to Head-of-Household:</th>
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</tbody>
</table>

Current Address: __________________________________________________________

Home Ph: ______________  Cell Ph: ______________________________  Email: _____________

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<th>First, Middle, Last Name:</th>
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<td></td>
</tr>
</tbody>
</table>

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.*

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(415) 655-7041  •  55 Cravath Street, San Francisco, California 94130  •
## HOUSEHOLD INCOME AND ASSET INFORMATION

**Head-of-Household:**

<table>
<thead>
<tr>
<th>Type of Income:</th>
<th>Source:</th>
<th>(i.e. employment, social security, etc.)</th>
<th>(company or agency name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Phone:</td>
<td>Fax:</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
<td>Gross Monthly Income: $</td>
<td></td>
</tr>
<tr>
<td>Type of Asset:</td>
<td>Financial Institute:</td>
<td>(i.e. checking/savings account, whole life insurance)</td>
<td></td>
</tr>
<tr>
<td>Account #:</td>
<td>Current Balance: $</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

---

**Household Member:**

<table>
<thead>
<tr>
<th>Type of Income:</th>
<th>Source:</th>
<th>(i.e. employment, social security, etc.)</th>
<th>(company or agency name)</th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Phone:</td>
<td>Fax:</td>
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<tr>
<td>Account #:</td>
<td>Current Balance: $</td>
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If this is a joint account, list all account holders: __________________________

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**Household Member:**

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### Account Information

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<th>Current Balance: $</th>
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</table>

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?**
   - [ ] Yes
   - [ ] No
   If yes, please explain: ________________________________

2. **Are any adult household members full-time student or planning to become a full-time student within the next twelve (12) months?**
   - [ ] Yes
   - [ ] No
   If yes, please list their name(s): ________________________________

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### 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

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### 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

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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: 

**Household Member:**
Name: 
Signature:  
Date: 

Application for Housing