



HOUSING AUTHORITY OF THE  
CITY AND COUNTY OF SAN FRANCISCO

# Claim Against the San Francisco Housing Authority

**The undersigned hereby presents the following claim against the San Francisco Housing Authority in accord with the provisions of Government Code §910.**

*Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6. You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.*

(a) **Claimant Name:** \_\_\_\_\_

**Claimant Address:** \_\_\_\_\_

(b) **Address to which notices are to be sent:**  
\_\_\_\_\_

(c) **Date of Occurrence/Transaction:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time:** \_\_\_\_\_ (AM/PM)  
**Location of Occurrence/Transaction:** \_\_\_\_\_

(d) **Description of the indebtedness, obligation, injury, damage, or loss incurred:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(e) **Name(s) of any Housing Authority employee(s) causing the damages being claimed and reason that you believe the Housing Authority is responsible for the loss:**  
\_\_\_\_\_  
\_\_\_\_\_

**Name of any and all witnesses to the occurrence/transaction:**  
\_\_\_\_\_  
\_\_\_\_\_

(f) **Description of all damages which you have incurred as a result of the incident including prospective injury, damage, or other loss known (attach a separate sheet of paper if not enough space is provided below):**  
\_\_\_\_\_  
\_\_\_\_\_ Amount: \$ \_\_\_\_\_  
\_\_\_\_\_ Amount: \$ \_\_\_\_\_  
\_\_\_\_\_ Amount: \$ \_\_\_\_\_

(g) **Total dollar amount of all damages that you are claiming, if \$10,000 or under:** \$ \_\_\_\_\_

(h) **Is this claim a limited civil case (\$25,000 or less)?**  Yes  No

(i) **If this is a claim for indemnity, date you were served with the underlying lawsuit:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of Claimant:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Print Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**\*COMPLETE THIS FORM IN ITS ENTIRETY.** Send signed form to: Your Property Manager OR the Human Resources Department at 1815 Egbert Avenue, 3rd Floor, San Francisco, CA 94124