



SAN FRANCISCO HOUSING AUTHORITY

Public Housing Operations – Eligibility Department

440 Turk Street • San Francisco, CA 94102
PHONE (415) 241-1017 • FAX (415) 554-1316

ELIGIBILITY SERVICE FORM

Today's Date _____

Type: () Status () Application Update () Re-open file
() Reschedule Appointment () Informal Review () Inquiry
() Other - _____

PLEASE PRINT

Public Housing **Section 8**

Name: _____

Client #: _____

Social Security #: - -

Eligibility Worker: _____

Current Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: () - _____

Household Information:

adults (18 +) MUST provide written statement to be added and/or removed from the ORIGINAL application

ADD REMOVE SEX: M F Citizen: Y N
Name: _____ Date of Birth ____/____/____ SS# _____-____-_____

ADD REMOVE SEX: M F Citizen: Y N
Name: _____ Date of Birth ____/____/____ SS# _____-____-_____

ADD REMOVE SEX: M F Citizen: Y N
Name: _____ Date of Birth ____/____/____ SS# _____-____-_____

Total Monthly Household Income: \$ _____

Bedroom Size: 00 01 02 03 04 05

Preference Information: Veteran US Resident Disabled
 Disabling HIV or AIDS Accessible Unit Resident of San Francisco (or employed)
 Displaced due to Government or Landlord Action Pay more than 50% of income for rent
 Living in Substandard Housing (homeless, decrepit conditions, shelters, etc.)
 TANF or other Welfare to Work Program

Signature: _____

Date: _____

Mail or Deliver Form to:

SFHA – Eligibility Department
440 Turk Street, San Francisco CA 94102-3330
Attn: Application Update

SFHA Time & Date Stamp ONLY

FOR OFFICE USE ONLY

Client # _____ Public Housing Rank # _____ Bedroom Size: _____

Section 8 Rank # _____

Date completed/staff initials: _____

Please Mail My Response to:

