



SAN FRANCISCO HOUSING AUTHORITY

440 Turk Street ♦ San Francisco, CA 94102 ♦ Phone: (415) 554-1200

SFHA Time & Date Stamp ONLY

Public Housing Registration

This form is to register for public housing only. To apply for public housing assistance, you must complete this registration form in English only. You will receive a confirmation letter within 60 days (from the date we receive this registration form). **Keep this letter to report any changes in income, family composition, or mailing address.** Failure to report a change of mailing address WILL result in your application being withdrawn from our public housing wait list.

The wait for housing assistance can vary a great deal depending on the circumstances of each applicant. The San Francisco Housing Authority (SFHA) wait list is ranked by date & time with ALL preferences weighted equally. Preferences are given to those families who: work or attend an institution of higher learning (college, trade school, vocational school, or a GED program); live or work in the City of San Francisco; pay 50 percent (50%) or more of their monthly income to rent; are displaced or homeless; are victims of domestic violence; are veterans; or are elderly or disabled.

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE APPLICATIONS WILL BE REJECTED.
Do not submit any other correspondence with this form.

Part 1: Identification (Head of Household)

Please Print Clearly.

SFHA USE ONLY

Client # _____

1. Social Security Number: _____ - _____ - _____
2. Name of Applicant: _____

(Last) ,
(First)
(Middle Initial)
3. Date of Birth: ____/____/____

(month)
(day)
(year)
4. Sex (circle): Male Female
5. Mailing Address: _____

(Street or P.O. Box)
(apt.)

(City)
(State)
(Zip)
6. Telephone Number: (____) _____

Part 2: Household Information

Please provide the required information for EVERY household members.

Last Name, First Name MI	Date of Birth	Citizen	Social Security Number	Relationship (Son, Daughter, etc.)	Sex	Source of Income (Employed, TANF, SSI, etc.)
		Y N		Head of Household	M F	
		Y N		Spouse/ Co-Applicant	M F	
		Y N			M F	
		Y N			M F	
		Y N			M F	
		Y N			M F	
		Y N			M F	
		Y N			M F	
		Y N			M F	
		Y N			M F	

Total Monthly Household Income: \$ _____

DO NOT WRITE BELOW THE LINE

(1)

Bedrooms: 00 01 02 03 04 05 06

What is your race? Caucasian (1) African American (2) Nat. American (3)
 Asian (4) Hawaiian/Pacific Islander (5)

What is your Ethnicity? Samoan (0) Hispanic (1) Vietnamese (2) Cambodian (3)
 Chinese (4) Korean (5) Japanese (6) Laotian (7) Filipino (8)
 Other Asian (9) Other (A) Russian (B)

What is the primary language spoken in the household? English (5) Spanish (2)
 Mandarin (M) Cantonese (1) Russian (3) Tagalog (T)
 Korean (6) Vietnamese (4) Samoan (8) Laotian (9)
 Farsi (F) Cambodian (7) Other _____

Part 3: Preference Information

Please answer each question as indicated.

- 7. YES NO Are you a U.S. Veteran?
- 8. YES NO Are you a legal resident of the United States?
All applicants will be required to verify their immigration status at the time of final certification
- 9. YES NO Are you or someone in your household disabled?
If yes, check one of the following boxes: Physically Mentally Developmentally
- 10. YES NO Has anyone in your household been diagnosed with Disabling HIV or AIDS?
- 11. YES NO Does anyone in your household require a handicap accessible unit?
- 12. YES NO Are you a resident of San Francisco or employed in San Francisco?
- 13. YES NO Have you been Involuntarily Displaced due to Government or Landlord Action?
- 14. YES NO Are you living in Substandard Housing? (This includes homelessness, decrepit conditions, shelters, etc.)
Note: Homelessness does not include living with a family member.
- 15. YES NO Do you pay more than 50 % of your household income for rent?
- 16. YES NO Are you currently enrolled in Cal Works or other Welfare to Work Programs?
- 17. Have you been evicted from Public Housing or Terminated from the Section 8 Program? YES NO
- 18. Do you currently have an outstanding debt with the San Francisco Housing Authority? YES NO

Part 4: Applicant Certification

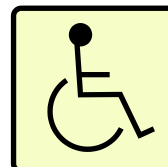
I certify that all the information given above is true and complete. I understand that, pursuant to Section 1001 of Title XVIII of the United State Code, any misrepresentation or willfully false statements made to a Department or Agency of the United States Government is grounds for denial or termination of assistance and punishable by fine and/or imprisonment.

Applicant Signature: _____ Date: _____

SUBMIT ONLY ONE APPLICATION. DUPLICATE APPLICATIONS WILL BE REJECTED



Mail or Deliver Form to:
San Francisco Housing Authority
Eligibility Department
440 Turk Street
San Francisco CA 94102-3330



*It is the applicant's responsibility to keep this registration information CURRENT. If you fail to respond to SFHA correspondence, or if the mail is returned, your application will be **WITHDRAWN** from the waitlist.*

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SAN FRANCISCO HOUSING AUTHORITY REGISTRATION RECEIPT

If you mail form, please tear off this portion and retain for your records.

If you deliver form, please have the receptionist stamp as proof of delivery. →

SFHA Time & Date Stamp ONLY

★ Thank you for completing the SFHA Public Housing Registration Form ★

Revised: 11/13/2007

(2)