



San Francisco Community Land Trust (SFCLT) Housing Application

**THANK YOU FOR YOUR INTEREST IN THE \$833/MONTH VACANCY* AT
MARTY'S PLACE. *INCLUDES UTILITIES**

PLEASE FILL OUT EACH SECTION OF THIS APPLICATION COMPLETELY.

IF A QUESTION DOES NOT APPLY TO YOU, PLEASE WRITE N/A IN THE SPACE PROVIDED.

PLEASE CONTACT SFCLT AT (415) 399-0943 OR TTY #877-735-2929 FOR ASSISTANCE IN FILLING OUT THIS APPLICATION OR TO REQUEST A REASONABLE ACCOMODATION FOR A DISABILTY.

-----I. CONTACT INFORMATION-----

A co-applicant listed below may be contacted in the event that SFCLT is unable to reach the primary applicant, and the co-applicant should be authorized to make housing decisions for the applicant household. Please note: It is not necessary to list a co-applicant.

Applicant Name (please print)			Co-applicant Name (please print)		
Current Mailing Address (street and number)			Current Mailing Address (street and number)		
City	State	Zip	City	State	Zip
Mobile Phone Number			Mobile Phone Number		
Other Phone Number (specify):			Other Phone Number (specify):		
Email Address			Email Address		

DO YOU CURRENTLY RESIDE AT THE MAILING ADDRESS LISTED ABOVE?

Yes No - Please list the city and zip code of your current residence:

CURRENT MONTHLY RENT AND MOVE-IN DATE:

Please provide the following information for the past 2 years of residence:

Address, move-in date(s), move out date(s), reason(s) for moving, owner/agent name(s), owner/agent phone number(s).



-----II. HOUSEHOLD INFORMATION-----

Please list all members of the applicant household (including yourself).

NAME	BIRTHDATE	GENDER M/F/T	RELATIONSHIP TO APPLICANT

Do you have any dependents who are not household members (i.e. do not live with you for over 6 months of the year)?

Yes No If yes, please provide a list on a separate sheet.

PLEASE CHECK ALL THAT APPLY:

- Single Head of Household
 Female Head of Household
 First time Homebuyer
 US Veteran
 Owned a home in the last 3 years

NUMBER OF PEOPLE LIVING IN THE HOUSEHOLD WHO ARE:*

White (not Hispanic origin) African American (not Hispanic origin) Hispanic
 Asian or Pacific Islander Other:

**This information is requested solely for statistical purposes. It does not affect your eligibility for housing.*

SPECIAL NEEDS: Do you or any of your household members have a medically verified disability that will require you to live in a unit that is accessible for any of the below?

Mobility Impairment	Hearing Impairment
Visual Impairment	Wheelchair
Other; please explain:	

Does at least one household member have a Section 8 Voucher or other type of rental subsidy?

Y N If yes, name of household member(s):

Please explain: _____

Does at least one household member live or work in San Francisco?

Y N If yes, name of household member(s):

Do you hold a Displaced Tenant Housing Preference Certificate? DTHP Certificate holders are people who have been evicted through either an Ellis Act Eviction or an Owner Move In Eviction in 2010 or later.

Y N If yes, name of household member(s):

Do you hold a Certificate of Preference (COP from the former San Francisco Redevelopment Agency. COP holders were generally displaced during the 1960s and 1970s).

Y N If yes, name of household member(s):

PRIOR EVICTIONS:

Have you or anyone in your household been evicted from a residence for any of the following reasons: Failure to pay rent, causing a nuisance, fraudulent reporting of information, failure to comply with re-certification procedures, or criminal activity?

Y N If Yes, why were you evicted? When did the eviction happen? Who was your landlord?



-----III. FINANCIAL INFORMATION-----

EMPLOYMENT. List past 2 years of employment for all adult members of the household (use separate sheet if necessary).

Household Member Name:

Employer Name:		Contact Phone:	
Street:	City:	State:	Zip:
Position/Title:		Start Date:	End Date:
Gross Annual Income:			

Household Member Name:

Employer Name:		Contact Phone:	
Street:	City:	State:	Zip:
Position/Title:		Start Date:	End Date:
Gross Annual Income:			

Household Member Name:

Employer Name:		Contact Phone:	
Street:	City:	State:	Zip:
Position/Title:		Start Date:	End Date:
Gross Annual Income:			

Additional employment? If yes, please list on a separate sheet. Yes No

OTHER INCOME. Please list other income for all members of the household. Please include SSI, AFDC, child support, dividend interest income, alimony, etc.

<i>HOUSEHOLD MEMBER</i>	<i>SOURCE</i>	<i>ANNUAL INCOME</i>

Additional income? If yes, please list on a separate sheet. Yes No

<i>TOTAL GROSS ANNUAL INCOME FOR 2015</i>	
<i>2014 Total Gross Annual Income from tax return</i>	



ASSETS. Please indicate type of assets and amounts for all adult members of the household.

<i>TYPE OF ASSET</i>	<i>TOTAL ASSET VALUE</i>	<i>INSTITUTION NAME</i>	<i>ACCOUNT NUMBER (IF APPLICABLE)</i>
Cash			
Checking Account			
Checking Account			
Savings Account			
Savings Account			
Retirement Account			
Gift			
Money market/Mutual fund			
Inheritance			
Other =			

Additional assets? Please indicate here and list on a separate sheet. Yes No

-----IV. ADDITIONAL INFORMATION-----

Does any member of your household appear on title for a housing unit (whether living in it or renting it out)?
 Y N

Does any member of your household own land?
 Y N If yes, please include owner name and location of land:

Where did you learn about the available unit? (Organization, neighborhood flyer, website, etc.)

-----IV. ADDITIONAL INFORMATION-----

Please provide any additional information you believe would be helpful to us in processing your application. Negative criminal history or history of eviction may be mitigated due to extenuating circumstances. Please write or attached any additional information which you feel will be helpful in evaluating your application.

-----IV. CERTIFICATION-----

1. If my/our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment that 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 my/our 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 contract 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.
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 creditworthiness, 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.
5. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief



and understand we must provide written notification of any changes to the information on this form.

6. I/we understand that false statements or information will deem me/us ineligible, or if move in has occurred terminate the rental agreement.

I/we understand the project will acknowledge this application by mail.

Applicant Signature: _____ Date: _____
 Co-applicant Signature: _____ Date: _____
 Other Applicant Signature: _____ Date: _____
 Other Applicant Signature: _____ Date: _____

INCOME REQUIREMENTS

All applicants will be required to complete an income certification with SFCLT to be eligible for a room in Marty's Place.

	Minimum # in Household	Maximum# in Household
Target Income = Low Income as Defined by MOHCD	1 Person	2 persons
Maximum Income	\$41,450	\$47,350
Minimum Income*	\$16,600	\$18,950

**Note: Minimum Income may be lower than stated above in the event that applicant can secure a rent subsidy.*

DOCUMENTS TO SUBMIT DURING INCOME CERTIFICATION

1. HIV Letter of Diagnosis
2. A valid form of identification for each household member (one of the following for each person)
 - birth certificate
 - driver's license
 - social security card
 - passport or naturalization certificate
3. Income and employment documentation (the following for each employed adult over the age of 18)
 - Most recent, consecutive pay stubs for at least 3 pay periods, and
 - Most recent signed, dated, and complete federal income tax return and W-2 forms
 - Most Recent Federal Tax Return and W2 form(s)
 - If self-employed, bring federal tax returns for last two years, and most recent profit and loss statement showing 3 months of earnings, 1099 Forms
4. Periodic payment verification (Social Security, Disability, Worker's Compensation, unemployment, public assistance) – **MUST BRING ALL OF THE FOLLOWING**
 - Most recent signed, dated, and complete federal income tax return, and W-2s and /or 1099s, and
 - **Either of the following is also required:**
 - Current benefit notification letter prepared and signed by authorizing agency for the period during the time of enrollment/qualification, or
 - Copy of check/automatic deposit showing gross amount and source of benefit
5. Asset documentation (savings and investments for all adults over the age of 18)
 - Most recent bank statement(s) from all current banks
 - Most recent retirement account statements



PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.



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SFCLT is an equal opportunity housing provider