



COLUMBUS UNITED COOPERATIVE APPLICATION

53 Columbus Ave, San Francisco

Please submit this application email to jdai@sfclt.org You may call [415-368-2349](tel:415-368-2349) to request a mailed application due to a disability.

Applications are being accepted on a first come, first served basis.

Please contact SFCLT at [415-368-2349](tel:415-368-2349) or TTY # [877-735-2929](tel:877-735-2929) for assistance in filling out the application or to request a reasonable accommodation for a disability.

PART I. APPLICANT INFORMATION

APPLICANT:

First & MI Name: _____ Last Name: _____ Age: _____

Present Address: _____

City/state/zip: _____

Mailing address (if different): _____

Telephone No.: _____ (other)Telephone No.: _____

Email address: _____

CO-APPLICANT:

First & MI Name: _____ Last Name: _____ Age: _____

Present Address: _____

City/state/zip: _____

Mailing address (if different): _____

Telephone No.: _____ (other)Telephone No.: _____

Email address: _____

PART II. HOUSEHOLD MEMBERS

ADDITIONAL HOUSEHOLD MEMBER

First & MI Name: _____ Last Name: _____ Age: _____

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First & MI Name: _____ Last Name: _____ Age: _____

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PART III. INCOME/ASSET INFORMATION

Total household members: _____ Total Annual Gross Income: \$ _____

PART IV. 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 ____ wheel chair
____ other: _____

PART V. PREFERENCE DECLARATION

- 1. Have you owned Residential Property within the past 3 years? ____Y ____N
- 2. Are you and all household members listed on this application a present resident of 53 Columbus Avenue, San Francisco, California living in overcrowded conditions? ____Y ____N

<u># of Bedrooms</u>	<u>Overcrowded if more than</u>
One	3
Two	5
Three	7
Four	9

- 3. Does one or more of the Household members currently live in 53 Columbus Avenue? ____Y ____N

PART VI. CERTIFICATION

- 1. I/we understand that false statements or information will deem me/us ineligible, or if move in has occurred terminate the lease agreement.
- 2. I/we understand that if an applicant submits more than one application or appears on more than one application, all associated applications will be removed from the lottery.

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

