**285 TURK APPLICATION**

**285 Turk Street, San Francisco 94102**

Please submit this application to the SFCLT Website: [www.sfclt.org](http://www.sfclt.org) or email to [info@sfclt.org](mailto:info@sfclt.org)

Applications will be accepted on a rolling basis.

Please contact SFCLT at 650-204-0533 or TTY # 800-855-7100 for assistance in filling out the application or to request a reasonable accommodation for a disability.

**PART I. APPLICANT INFORMATION**

**APPLICANT:**

First Name & MI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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: \_\_\_\_\_

ADDITIONAL HOUSEHOLD MEMBER

First & MI Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_

ADDITIONAL HOUSEHOLD MEMBER

First & MI Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_

# **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. Is one or more of the Household members currently a resident at another SFCLT building? \_\_\_\_\_Y \_\_\_\_N

If yes, which building? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Is one or more of the Household members a current staff member of the SFCLT? \_\_\_\_\_Y \_\_\_\_\_N

4. Does one or more of the Household members qualify for Displaced Tenant Housing Preference (DTHP) by

way of one of the following reasons? Please check reason for DTHP qualification.

1. Ellis Act Eviction \_\_\_\_
2. Owner Move-In Eviction \_\_\_\_
3. Displacement Due to Unit Extensively Damaged by Fire \_\_\_\_
4. Unaffordable Rent Increase Due to Affordability Restrictions Expiring \_\_\_\_
5. I/we do not qualify for DTHP \_\_\_\_

For more information on DTHP go to sfmohcd.org/displaced-tenant-housing-preference

5. Is one or more of the Household members a veteran? \_\_\_\_\_Y \_\_\_\_\_N

6. Does one or more of the Household members have previous experience in a Cooperative or a Community

Land Trust? \_\_\_\_\_Y \_\_\_\_\_N

If yes, which Cooperative or Community Land Trust? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Is one or more of the Household members a key community contributor, as in does one or more of the

Household members organize, volunteer or hold a leadership position at a nonprofit, public or community

based organization? \_\_\_\_\_Y \_\_\_\_\_N

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. Does one or more of the Household members currently live or work in San Francisco? \_\_\_\_\_Y \_\_\_\_\_N

**PART VI. SFCLT ONLINE INFORMATION SESSION**

There will be an online info session about the San Francisco Community Land Trust and Housing Cooperatives in English on March 4th, 6:00 pm PST. The info session will take place virtually over Zoom and applicants will be sent the link after submission of this application. We ask that applicants attend this info session to better understand the living situation they are applying to. If you need special accommodation, such as language accommodation, please email us at [info@sfclt.org](mailto:info@sfclt.org).

**PART VII. 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_