



DISPLACED TENANT HOUSING PREFERENCE CERTIFICATE APPLICATION

FIRE DISPLACEMENT VERIFICATION

MOHCD is reviewing the tenant listed below for eligibility for the Displaced Tenant Housing Preference (DTHP) Program made possible by Administrative Code – Preferences in Affordable Housing Programs (#0164-16). This applicant is claiming eligibility based on displacement from a fire. A public safety official must complete this form. Please contact the Human Services Agency – Emergency Response Unit (170 Otis Street): HSAFireResponse@sfgov.org and (415)769-7408.

NAME

DATE

Title First Name Middle Name Last Name mm/dd/yy

ADDRESS WHERE FIRE DISPLACEMENT OCCURRED

FIRE DISPLACEMENT DATE

Street # Street Name Street Type Unit mm/dd/yy

Address Line Two

City State Zip Code

PUBLIC SAFETY OFFICIAL

TENANCY

Is the applicant foreseeably displaced from the unit for 6 months from the Displacement Date?

Is the applicant a renter?

☐ YES ☐ NO

☐ YES ☐ NO ☐ Unable to verify

Please explain the current status and circumstance of displacement:

Please list the full name of all occupants at the time of displacement:

Print Name: _____ Phone: _____

Title and Agency: _____ Email: _____

VERIFICATION SIGNATURE

DATE

Please return this completed signed form to:

DTHP Program/MOHCD, 1 South Van Ness Ave., 5th Fl., San Francisco, CA 94103 DTHPcertificate@sfgov.org

For questions, please email or call the DTHP Program, (415) 701-5613
1 South Van Ness Avenue, 5th Fl. San Francisco, CA 94103
Main Phone (415) 701-5500 • Fax (628) 652-5871 • TDD (415) 701-5503 • www.sf.gov/mohcd