

WILLIAM PENN HOTEL

An Affordable Housing Community Professionally Managed by Chinatown Community Development Center
(415) 775-5373 • Fax: (415) 775-2270 • 160 Eddy Street, San Francisco, CA 94102 •
www.chinatowncdc.org

Dear Applicant,

Thank you for your interest in becoming a resident of Chinatown Community Development Center. Below is some important information you should know about the process before applying.

- Applications must be submitted by mail or in person to William Penn Hotel located at 160 Eddy Street, San Francisco, CA 94102, Attn: Manager. Only complete and original applications will be accepted.
- Please print clearly in blue or black ink, and do not use correction tape or liquid. Cross out and initial any mistakes. Write 'N/A' in sections that are not applicable.
- It is your responsibility to notify management of any changes in address and telephone numbers. If we are unable to contact you, your name will be removed from the waiting list.
- It is our policy to update the waiting list annually by sending all applicants a Waiting List Update Letter and removing the names of those who are no longer interested in or no longer qualify for housing.
- If you turn down two (2) opportunities for housing, your application will be removed from the waiting list. You may reapply for housing when the waiting list is open.
- All applicants are subject to the following Resident Selection Policy:

RESIDENT SELECTION POLICY

All applicants for housing will be screened according to the criteria set forth below, as well as any property-specific criteria in the Resident Selection Criteria, available upon request at William Penn Hotel, or at Chinatown Community Development Center's Property Management office located at 1525 Grant Avenue, San Francisco CA 94133.

Pursuant to the San Francisco Fair Chance Ordinance, all applicants will first be income qualified along with residential history check, and then criminal background check will be reviewed to determine final eligibility.

Chinatown Community Development Center will consider for tenancy qualified applicants with arrest or conviction records in a manner consistent with Article 49 of the San Francisco Police Code, the Fair Chance Ordinance.

Eligibility Requirements:

- Household annual income must not exceed the program income limits of the property the household is applying for;
- In accordance with the following guideline, the household composition must be appropriate for the apartment size for which the household is applying:

<u>Bedroom Size</u>	<u>Minimum Persons</u>	<u>Maximum Persons</u>
SRO	1	1

- Gross household annual income must be no less than **two times the annual rent** of the apartment he/she is interested in renting. (Section 8 voucher holders are exempt from this minimum income requirement);
- Households where ALL household members are full-time students are prohibited (unless household meets applicable exemptions);
- Applicants must meet program requirements in order to be eligible to reside in the specific property to which they have applied;

- An applicant’s misrepresentation of any information related to eligibility, income, household composition or rental history will be cause for denial of the application, or potential termination of tenancy if discovered after an applicant occupies a unit.

Landlord References

- Negative landlord references may disqualify an applicant. We review references from current and former landlords within the past three (3) years. We will be looking at incidents of property damage, poor housekeeping habits, disturbance of neighbors, rent payment history, and non-compliance with lease/house rules;
- Lack of residential history does not necessarily disqualify you;
- Unlawful detainers (Evictions) in the past three (3) years from housing or termination from a residential program will disqualify an applicant.

Criminal History (pursuant to Fair Chance Ordinance)

The following types of Criminal History of household member(s) **may be** considered for denial of application. Each situation will be determined on a case-by-case basis in a manner consistent with Article 49 of the San Francisco Police Code, the Fair Chance Ordinance.

- A household member who has a conviction of a felony in the past seven (7) years.

Applicant Conduct

If, during the course of processing an application, it becomes evident that an applicant has falsified or otherwise misrepresented any facts about his/her current situation, history, or past behavior in a manner that would affect eligibility, applicant selection criteria qualification, income, household composition, or rental history, the application will be denied.

If an applicant or guest of an applicant exhibits blatant disrespect, or disruptive behavior towards management, the property, or other residents any time prior to move-in, the application will be denied.

Tenant Selection Preferences:

1. Certificate of Preference (COP) Program¹;
2. Displaced Tenants Housing Preference (formerly called Ellis Act Housing Preference) Program²;
3. All Others Applicants.

¹Certificate of Preference holders are primarily households displaced in Redevelopment Project Areas during the 1960’s and 1970’s, but may also include other persons displaced by Redevelopment Agency action.

²Displaced Tenants Housing Preference holders are long term San Francisco tenants who were evicted because of the Ellis Act or Owner Move-In Evictions.

This Resident Selection Policy has been established to reflect a condensed version of Chinatown Community Development Center’s Resident Selection Criteria, other qualifications may apply that are specific to each property. Please review the qualifications necessary for each property to which you apply.

Being eligible is not an entitlement to housing. Every applicant must meet the Resident Selection Policy. This policy is used to demonstrate the applicant’s suitability as a resident using verified information on past behavior to document the applicant’s ability, either alone or with assistance, to comply with essential Lease provisions and any other rules governing tenancy.



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2016 Minimum and Maximum Income Limits for San Francisco County

Apartment Size	Minimum Income
SRO	\$11,712

Household annual income must be no less than **two (2) times the annual rent** of the apartment he/she is interested in renting.

There is no minimum income requirement for households with Section 8 assistance.

Number of People in Household	Maximum Income 50% AMI
1 Person	\$37,700

(Income Limits are subject to change.)

Occupancy Limits

Bedroom Size	Minimum Number of People in Household	Maximum Number of People in Household
SRO	1	1

Rent Information

Apartment Size	Rent
SRO	\$488-\$860

Eligibility

Head of Household must be age 18 or over, or a minor under the age of 18 who has been emancipated to act on his/her own behalf, including the ability to execute a contract or lease.

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SECTION 504 EQUAL ACCESS STATEMENT

For mobility impaired persons -- this document is kept in the office at Chinatown Community Development Center (CCDC). This document may be examined from Monday through Friday between the hours of 9:00 AM and 12:00 Noon and 1:00 P.M. and 5:00 PM. You must phone to make arrangements to examine this document. Please call (415) 984-1491 and TDD/CRS users may dial (415) 984-9910.

For vision impaired persons – CCDC will provide a staff person to assist a vision impaired person in reviewing this document. Assistance may include: describing the contents of the document, reading the document or sections of the document, or providing such other assistance as may be needed to permit the contents of the document to be communicated to the person with vision impairments.

For the hearing impaired – CCDC will provide assistance to hearing impaired persons in reviewing this document. Assistance may include provision of a qualified interpreter at a time convenient to both the Property and the individual with disabilities. Please call the TDD/CRS number (415) 984-9910 for our number and to schedule an appointment.

Assistance to ensure equal access to this document will be provided in a confidential manner and setting. The individual with disabilities is responsible for providing his/her own transportation to and from the location where this document is kept.

If an individual with disabilities is involved, all hearings or meetings required by this document will be conducted at an accessible location with appropriate assistance provided.

POLICY OF NON-DISCRIMINATION ON THE BASIS OF DISABILITY

CCDC does not discriminate on the basis of disability in the admission or access to housing, services, or treatment, or employment in its federally assisted programs or activities.

Gordon Leung is the 504 Coordinator who has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8, dated June 2, 1988).

Gordon Leung, 504 Coordinator
Phone (415) 984-1491 • Fax (415) 362-7992 • TTY (415) 984-9910
E-mail: pma@chinatowncdc.org

NOTICE TO TENANTS, HOUSING APPLICANTS, AND AFFORDABLE HOUSING PROVIDERS



CITY AND COUNTY OF SAN FRANCISCO

San Francisco Police Code Article 49 (Fair Chance Ordinance) Protections for People with Prior Arrest or Conviction Records

Under Article 49, you have the right to:

- 1) Have all of your other qualifications for affordable housing decided **BEFORE your housing provider knows anything about** your prior arrest or conviction record.¹
- 2) Not be asked about your prior record through a rental application form.
- 3) Be provided with a **copy of this notice before** your housing provider runs your background report.
- 4) Not have any of the following six “**off-limits**” categories requested or considered:
 - arrests that did not result in conviction
 - participation in a diversion or deferral judgment program
 - juvenile record
 - expunged, judicially dismissed, invalidated or otherwise inoperative convictions
 - an infraction
 - a conviction more than 7 years old
- 5) Have your record assessed individually, in which only the “**directly-related**”² convictions and unresolved arrests in your record are considered. (See footnote below for a definition of directly-related)
- 6) Be provided with a **copy of the background report** and told which conviction or unresolved arrest is the basis for the possible denial. You have **14 days** to **respond orally or in writing to show that you shouldn’t be denied. You can respond by:**
 - **Pointing out any inaccuracies** in the report.
 - **Providing evidence of rehabilitation.** Evidence of rehabilitation include satisfying parole/probation, receiving education/training, participating in alcohol/drug treatment programs, letters of recommendation, age you were convicted.
 - **Explaining any mitigating factors about the circumstances of the conviction.** Mitigating factors include physical or emotional abuse, coercion, untreated abuse/mental illness that led to the conviction.
- 7) **Call the Human Rights Commission to understand your rights or to file a complaint (within 60 days of violation)** without any negative action or **retaliation** taken against you by your Housing Provider.

Under Article 49, if housing providers use background checks, they must:

- 1) **Post this notice** prominently on a website and any location frequently visited by tenants or housing applicants.
- 2) **State in all advertisements** that the provider will consider qualified applicants with criminal histories.
- 3) Ensure that background checks do not contain any of the six “off-limits” categories reference above.
- 4) Conduct an **individualized assessment** and consider only “directly-related” convictions and unresolved arrests in light of time elapsed, any evidence of rehabilitation, mitigating factors, or inaccuracy in the report.
- 5) Before taking a negative action such as A) Eviction, B) Failing or refusing to rent or lease property to an individual, C) Failing or refusing to add a household member to an existing lease, or D) Reducing any tenant subsidy, the housing provider **MUST** give the individual **a copy of the background report and identify** the particular convictions or unresolved arrests on which the negative action is based.
- 6) **Give** the individual **14 days** to respond orally or in writing to provide evidence of rehabilitation, mitigating factors, or inaccuracy in the report, **delay any negative action** for a reasonable time, and **reconsider** in light of the applicant’s response. Notify the individual of any final negative action.
- 7) Retain tenant applications and pertinent data and records relating to this Ordinance for 3 years.

For more information, contact the Human Rights Commission at (415) 252-2500 or email hrc.info@sfgov.org

¹ A provider may run a criminal history report at the same time as a rental or credit history but may not look at it prior to determining the applicant is qualified.

² In considering whether a conviction/unresolved arrest is directly-related, the provider shall look at whether the conduct has a direct and specific negative bearing on the safety of persons or property, given the nature of the housing, whether the housing offers the opportunity for the same/similar offense to occur, whether circumstances leading to the conduct will recur in the housing, and whether supportive services that might reduce the likelihood of a recurrence are available on-site.

KEEP THIS PAGE

WILLIAM PENN HOTEL

160 Eddy Street, San Francisco CA 94102 • P: (415) 775-5373

Application for Housing

FOR OFFICE USE ONLY

Referral Source	Date and Time Stamp Received	Staff Initials

Chinatown Community Development Center does not discriminate based on race, color, place of birth, creed, religion, sex, national origin, age, familial status, source of income, weight, height, gender identity, disability, ancestry, medical condition, physical condition, veteran status, sexual orientation, AIDS, AIDS related condition (ARC), mental disability, or any other arbitrary status.

BEDROOM SIZE PREFERENCE

SRO

TRANSLATION AND ORAL INTERPRETATION

Language(s) spoken at your home?

Do you need an interpreter?

Yes

No

APPLICANT INFORMATION

List all persons who will be living with you, including Live-In Aides.*

Name	Date of Birth	Social Security Number	Relationship to Head of Household
1.			Head of Household

*A live-in aide is a person who resides with an elderly or near-elderly person, or person with disabilities, and who is essential to the care and well-being of the person, is not obligated for the financial support of the person, and would not be living in the unit except to provide the necessary supportive services.

CONTACT INFORMATION

Current Address:

Mailing Address:
(if different)

Phone 1:

Phone 2:

Email:

ALTERNATE CONTACT PERSON

Examples may include relative, friend, case worker, etc.

Name:	Relationship:	Agency:
Phone:	Email:	Fax:
Address:		

Household Income Information

Please list all income information for the household. You may estimate.

Attach separate sheet if you have additional income.

Household Member:		
Type of Income:		Source (Company/Agency Name):
Address:		
Phone:	Fax:	Gross Monthly Income: \$
Household Member:		
Type of Income:		Source (Company/Agency Name):
Address:		
Phone:	Fax:	Gross Monthly Income: \$
Household Member:		
Type of Income:		Source (Company/Agency Name):
Address:		
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Household Member:		
Type of Income:		Source (Company/Agency Name):
Address:		
Phone:	Fax:	Gross Monthly Income: \$
Household Member:		
Type of Income:		Source (Company/Agency Name):
Address:		
Phone:	Fax:	Gross Monthly Income: \$

Household Asset Information

Please list all income information for the household. You may estimate.
Attach separate sheet if you have additional assets.

Household Member:	
Type of Asset:	Financial Institute:
Account Number:	Current Balance: \$
If this is a joint account, list other account holders:	
Household Member:	
Type of Asset:	Financial Institute:
Account Number:	Current Balance: \$
If this is a joint account, list other account holders:	
Household Member:	
Type of Asset:	Financial Institute:
Account Number:	Current Balance: \$
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Type of Asset:	Financial Institute:
Account Number:	Current Balance: \$
If this is a joint account, list other account holders:	
Household Member:	
Type of Asset:	Financial Institute:
Account Number:	Current Balance: \$
If this is a joint account, list other account holders:	

Housing References

Starting with your current residence, please provide the following information for the past three years. Attach separate sheet if you have additional housing references.

Household Member:			
Current Residence Address:			
Move In Date:	Monthly Rent:	<input type="checkbox"/> In program/Shelter	<input type="checkbox"/> Rent
		<input type="checkbox"/> With family/Friends	<input type="checkbox"/> Own
Landlord Name:	Landlord Phone:	Landlord Fax/Email:	
Landlord Mailing Address:			
Household Member:			
Previous Address:			
Move In/Move Out Date:	Monthly Rent:	<input type="checkbox"/> In program/Shelter	<input type="checkbox"/> Rent
		<input type="checkbox"/> With family/Friends	<input type="checkbox"/> Own
Landlord Name:	Landlord Phone:	Landlord Fax/Email:	
Landlord Mailing Address:			
Household Member:			
Previous Address:			
Move In/Move Out Date:	Monthly Rent:	<input type="checkbox"/> In program/Shelter	<input type="checkbox"/> Rent
		<input type="checkbox"/> With family/Friends	<input type="checkbox"/> Own
Landlord Name:	Landlord Phone:	Landlord Fax/Email:	
Landlord Mailing Address:			
Household Member:			
Previous Address:			
Move In/Move Out Date:	Monthly Rent:	<input type="checkbox"/> In program/Shelter	<input type="checkbox"/> Rent
		<input type="checkbox"/> With family/Friends	<input type="checkbox"/> Own
Landlord Name:	Landlord Phone:	Landlord Fax/Email:	
Landlord Mailing Address:			
If you have less than three years of housing references, please explain why below:			

Household Information

<p>1. Do you expect changes to your household size within the next twelve (12) months? If yes, please explain:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Is anyone in your household separated but not divorced? If yes, please list names:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Are any adult household members full-time students or planning to become full-time students within the next twelve (12) months? If yes, please list names:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No</p>
<p>4. Do you have a current, transferable Section 8 voucher or other similar subsidy? If yes, what agency is your subsidy through?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Are you being displaced from your home by a result of a government action or a presidential declared disaster? If yes, please explain:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No</p>
<p>6. Have you or any household members lived outside of California? If yes, please list:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. Have you or any household member ever been evicted from any residence for any reason? If yes, please list when and why:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. Has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to comply with re-certification procedures? If yes, list when and why:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. Do you have a Certificate of Preference (COP) Certificate?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. Do you have a Displaced Tenants Housing Preference (formerly called Ellis Act Housing Preference) Certificate?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Additional Information

REASONABLE ACCOMMODATIONS

1. Will you or any of your household members require a live-in aide to assist you? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you, or does any member of your family have a condition that requires: <input type="checkbox"/> A barrier-free apartment <input type="checkbox"/> Unit for hearing impaired <input type="checkbox"/> Unit for vision impaired <input type="checkbox"/> Unit on first floor	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you or any of your household members have a service/assistance pet or animal? If yes, please list type of animal:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are there other reasonable accommodations that you require to provide you equal access to housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SUPPLEMENTAL INFORMATION

1. If there are any circumstances that may impact your qualification for housing, please use this space to provide additional information for consideration.
2. How did you find out about this property?

Optional Information

ETHNIC CATEGORIES	RACIAL CATEGORIES
Please check <u>only one</u> : <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Decline to state	Please check <u>all that apply</u> : <input type="checkbox"/> Alaskan Native / American Indian <input type="checkbox"/> African American <input type="checkbox"/> Pacific Islander / Asian <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Decline to state

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 contact 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. Criminal records check and assessment will adhere to Fair Chance Ordinance (FCO) Article 49 San Francisco Police Code– Procedures for Considering Arrests and Convictions and Related Information in Employment and Housing Decisions.
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 and in accordance to Fair Chance Ordinance (FCO) Article 49 San Francisco Police Code– Procedures for Considering Arrests and Convictions and Related Information in Employment and Housing Decisions and will not be considered until after all other qualifications are met.
5. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
6. I/we understand that false statements or information will deem me/us ineligible, or if move in has occurred, termination of the rental agreement.
7. I/we understand we must provide written notification of any changes to the information on this form.
8. I/we understand and acknowledge that the completion of this application does not guarantee housing. I/we understand and acknowledge that I/we will have no rights to a housing unit until I/we sign a rental agreement and submit a security deposit, as required by the property.

Signatures to follow on next page



Signatures

Please ensure that all adult household members have signed and dated below.

Head of Household: Name: _____

Signature: _____

Date: _____