



STEP 1: HOUSING LADDER APPLICATION

The following application is for the Department of Homeless and Supportive Housing, Housing Ladder Program. Please read and answer each question.

Please complete the Housing Ladder Program Application in its entirety (other variations will not be accepted)

- Upload this completed application into the ONE System under the applicant “Files Tab”
- Upload all vital documents into the ONE System to accompany the application.
- This includes the following.
 - State Identification (ID)/ San Francisco City Identification or Passport
 - Recent Income Verification (3 consecutive months of pay stubs)
 - SSI/SSA/SSDI/CAAP: (All verification Letters must be 90 days or less)

PLEASE PRINT CLEARLY OR USE THE FILLABLE PDF VERSION OF THIS APPLICATION TO ENSURE TIMELY PROCESSING. To support maintaining client confidentiality and PHI, please **DO NOT** submit Housing Ladder Program applications to HousingLadderProgram@sfgov.org they will **NOT** be reviewed.

APPLICANT INFORMATION				
Applicant Name:				
	(First Name)	Middle Initial:	(Last Name)	
Phone Number		Date of Birth:		
Social Security Number			(month)	(Day)
Mailing Address:				
	(Street or P.O. Box)	(City)	(State)	(Zip code)
Gender Identity:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Male (FTM/Female to Male) <input type="checkbox"/> Trans Female (MTF/Male to Female) <input type="checkbox"/> Genderqueer/ Gender Non-Binary/Gender Fluid <input type="checkbox"/> Not Listed, prefer to self-describe: _____ <input type="checkbox"/> Applicant Declined to State			





Sexual Orientation:	Please describe your sexual orientation or sexual identity: (select an option below)		
	<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/Lesbian/Same-Gender Loving <input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Not Listed, prefer to self-describe: _____ <input type="checkbox"/> Declined to Answer		
Race:	<input type="checkbox"/> African/African American/Black <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Not Listed, Please Specify: _____		
Ethnicity:	<input type="checkbox"/> Hispanic/Latin(a)(o)(x) <input type="checkbox"/> Non-Hispanic/Latin(a)(o)(x)		
Primary Language:			
Secondary Language:			
Veteran Status:	Have you or your spouse ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Disabled:	Are you or your spouse disabled? <input type="checkbox"/> Yes- If yes, do you require reasonable accommodation? Please specify: _____ <input type="checkbox"/> No		
Emergency Contact Information:			
Name:		Relationship to applicant:	
Primary Phone Number:		Secondary Contact:	
Email:			





INCOME INFORMATION:

Please attach the client’s proof of income. Employed applicants are required to provide 3 consecutive months of pay stubs. Applicants that are receiving SSI/SSA/SSDI/CAAP or VA benefits are required to provide an updated benefits letter.

Please select your income type.

Employed **SSI/SSA/CAAP/SSDI** **VA Benefits** **Other:** _____

Annual Household Income:	\$ _____		
Does the client have a Rep Payee?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Rep Payee Agency Name	_____	Phone No:	_____

ADDITIONAL HOUSEHOLD MEMBERS

In this section complete include the corresponding information for each household member (including children) who will live with the primary applicant. ***Please use additional pages if needed.***

Additional Household Members:

#1:

Name:	_____		
Social Security No:	_____		
Date of Birth	_____		
Current Address	_____		
Does this person currently reside with the primary applicant?	YES	NO	

#2:

Name:	_____		
Social Security No:	_____		
Date of Birth	_____		
Current Address	_____		
Does this person currently reside with the primary applicant?	YES	NO	

#3:

Name:	_____		
-------	-------	--	--





Social Security No:			
Date of Birth			
Current Address			
Does this person currently reside with the primary applicant?	YES	NO	

#4:

Name:			
Social Security No:			
Date of Birth			
Current Address			
Does this person currently reside with the primary applicant?	YES	NO	

AUTHORIZATION TO RELEASE INFORMATION

***** Authorization to Release Information MUST be completed by each household member 18 years and over.**

Head of Household (HOH Name)			
HOH ID or Last 4 digits of SSN:			
Current Address		APT#	
Current Property/Site Name:			

I hereby authorize the City and County of San Francisco, Department of Homelessness and Supportive Housing (HSH) (Authority) to disclose the information described in this authorization to release to my respective documents and coordinate on my behalf.

Information and documents that are authorized to be released are limited to household income, deductions, expenses, family composition (including related documents), rents charged, utility allowances (if any), immigration status, student status, and disability status of any current or future household members for the participating agency to coordinate housing assistance as part of the **Housing Ladder Program** at the site(s) indicated. This information shall not be used for any other purpose.

I understand that my authorization will remain in effect from the date of my signature or until it is revoked by me. I understand that my information will be handled confidentially and in compliance with all applicable state and federal laws.

I understand I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.





I have read and understand the nature of this authorization to release information:

Head of Household Signature:	Date:
Other Adult Signature(s): (if applicable)	
#1	Date:
#2	Date:
#3	Date:
#4	Date:

OFFICE USE ONLY

- Document contains updated and accurate vital documents:
 - Employment: Provide three consecutive months of pay stubs
 - SSI/SSA/SSDI/CAAP/VA: Verification Letters (90-days or less)
 - State/City Identification/Passport Information
- Completed Case Management Form
- Completed Property Management Reference Form
 - a. Attached supportive documents to questions #5 & #6
- Program Type:
 - Housing Ladder - Adults
 - Housing Ladder – Housing Ladder Family
 - Housing Ladder – Transitional Aged Youth (TAY)
- Completion of the Open Waitlist Portal

Department of Homelessness & Supportive Housing Staff reviewing the Application notes that all completed application materials and supporting documentation are attached.

Staff Member Reviewing the Application Name			
Signature:		Date:	
Decision:		Notes:	





HOUSING LADDER PROGRAM – APPLICATION

CASE MANAGEMENT FORM

The following documentation should be completed by the applicant's assigned case manager.

Tenant Name:			
Name of Current Housing Site:		Unit #	
ONE System Unique ID:			

If approved, this applicant will have the opportunity to live independently in housing without intensive case management support. Please provide detailed information regarding the tenant's history. (i.e., strengths, ability to manage boundaries with guest visitors, rental history, access to services, demonstration of housing stability)

1. In the **past 24 months**, which support services have been utilized to support the applicant to maintain their housing stability?

2. In the **past 24 months**, please describe how the applicant has independently negotiated with property management

3. If this applicant moved into housing without intensive case management support services, what challenges would you envision this resident facing? Please explain in detail, below:

4. What community, family or social support does the applicant have that may continue to contribute to their housing stability?





- 5. Does the client have any mental, physical, or behavioral challenges that may impact their ability to live independently? (Example: client struggles with visitors who violate housing rules, client needs a higher level of care)

- 6. Please explain why you believe this applicant is ready to move from permanent supportive housing with intensive case management into independent housing, without intensive case management.

Authorization of Understanding

- By checking this box, I acknowledge that the resident being referred meets the Housing Ladder Program self-sufficiency qualifications to apply for independent living. My signature below serves as validation that my responses are an honest reflection of my work, observation, and partnership with the resident through case management.

Case Manager Completing the form		Name	
Phone Number:		Email:	
Signature:		Date:	
Support Services Supervisor Name:			
Phone Number:		Email:	





HOUSING LADDER PROGRAM - APPLICATION

PROPERTY MANAGEMENT REFERENCE FORM

The following documentation should be completed by the applicant's Property Management.

Tenant Name:			
Name of Current Housing Site:		Unit #	
Current Monthly Rent:	\$ _____	Move-In-Date: <i>(Must be at least 24 months before the date of application)</i>	
Unit Type: <i>(Please specify the unit/subsidy type)</i>	<input type="checkbox"/> Continuum of Care (Coc) <input type="checkbox"/> Direct Access to Housing (DAH) <input type="checkbox"/> Local Operating Subsidy Program (LOSP) <input type="checkbox"/> SRO Housing First Mater Lease Program <input type="checkbox"/> HSH referred: HUD Project Based Voucher Unit (HUD-PBV)		

Eligibility Questions: (Please choose a response, by selecting an option below):

1. Has the tenant lived in the listed housing site for 24 consecutive months or more?
 - a. YES: _____ OR NO: _____
2. Is the tenant current on rent?
 - a. YES: _____, OR NO: _____
 - b. If NO, was this delinquency due to COVID-19? YES: _____, OR NO: _____
 - c. Please attach the client's rent ledger
3. Has the tenant had a payment plan, high revolving delinquent balance, or court order pay and stay plan within the last 24 months? YES: _____ OR NO: _____
 - a. If YES, was the delinquency a result of a situation out of the tenant's control?
 - i. YES: _____ OR NO: _____
 - b. Please briefly describe:





4. Has the tenant failed a unit inspection within the past 24 months?

a. YES: _____ OR NO: _____

If YES, please indicate the most recent date the tenant failed a unit inspection:

5. Has the tenant had any of the following behaviors/ lease violations in the past 24 months?

a. YES: _____ OR NO: _____

b. Please select an option below. If the option is not available, please indicate

Consistent noise violations

Illegal activities

Unauthorized pets (or violation of pet policy)

Indoor smoking (or violation of lease agreement)

Unauthorized renovations and/or décor

Unauthorized guest violations causing disturbances

Unsanitary conditions

Violence including threats of violence against staff or others

Damage to the property

Other:

6. Would you rent to this tenant in the future? YES: _____ OR NO: _____

7. Please provide any additional comments, or explanations regarding this tenant’s application of reference for The Department of Homelessness & Supportive Housing – Housing Ladder Program Analyst to consider:

[Empty text box for additional comments]

My signature below serves as confirmation that my responses articulated in this reference documentation are an honest reflection of my work, observation, and partnership with the resident in my current Permanent Supportive Housing

Property manager completing the Form			
Phone Number:		Email:	
Signature:		Date:	
Property Mgt. Supervisor			
Phone Number:		Email:	





HOUSING LADDER ZERO INCOME FORM

Instruction: the following document should be completed by all adult household members (18 yrs. or older) who are claiming zero income from any source.

Date: _____

Applicant/Tenant Name: (Print First and Last Name) _____

Client ONE System Unique Identifier Number: _____

Are you the head of household: _____ YES or NO _____

If no, please indicate your relationship to the head of household: _____

I, (print name) _____ hereby certify that I DO NOT individually have income or receive any income. This includes but is not limited to any of the following sources below.

- Wages, salaries, pay-for-work, commissions, fees, tips, bonuses, and any other compensation for services
- Income from the operation of a business or profession
- Income from assets owned or managed by me or any member of my household
- Benefit payments such as social security, annuities, insurance policies, retirement funds, pensions disability or death benefits, and other similar types of benefits
- Rental Income from real estate or personal property
- Payments received in place of salary or wages (i.e., unemployment wages, workers' compensation, or severance pay)
- Welfare assistance, cash payments including payments suspended due to fraud or failure to comply with economic self-sufficiency or work activities requirements
- Alimony or child support
- Regular contributions or gifts received from someone who is not part of the household
- Regular pay, special pay, and or allowances from a member of the Armed Forces (whether or not they reside in the unit)
- Universal or whole life insurance or other assets that have been disposed of in the last two years for less than fair market value

By signing below, my signature verifies that the above information is true and correct. My signature declares that I am reporting Zero income. I acknowledge that Compass Family Services, the Department of Homelessness, or the Private Market landlord may verify Earned Income Verification (EIV) data at any time to confirm this statement. I understand that I am required to report all changes to my income within 15 calendar days of the changes.

Signature: _____ Date of Birth (D.O.B) _____

Date: _____

