

# 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 your all of your other qualifications for affordable housing decided **BEFORE your housing provider knows anything about** your prior arrest or conviction record.<sup>1</sup>
- 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
  - juvenile record
  - an infraction
  - a conviction more than 7 years old
  - participation in a diversion or deferral judgment program
  - expunged, judicially dismissed, invalidated or otherwise inoperative convictions
- 5) Have your record assessed individually, in which only the “**directly-related**”<sup>2</sup> 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](mailto:hrc.info@sfgov.org)

<sup>1</sup> 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.

<sup>2</sup> 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.



## APPLICATION NOTICE

### Tenderloin Neighborhood Development Corporation

201 Eddy Street, San Francisco, CA 94102

Phone: (415) 776 -2151

**Notice - Right to Receive Free Interpreter Services**  
**Please notify Building Manager if you need language assistance.**

الحق في الحصول على خدمات مترجم شفوي مجاني - إشعار  
الرجاء إبلاغ مدير المبنى إذا كنت بحاجة إلى مساعدة لغوية.

**通告** - 有權獲得免費的翻譯服務  
如果你需要語言協助請通知大廈經理

**ВНИМАНИЕ** - Право на получение бесплатно услуги переводчика  
Пожалуйста, сообщите управдом, если вы нуждаетесь в помощи языка.

**AVISO** - Derecho a recibir servicios gratis de interpretación  
Por favor notifique al administrador del edificio si necesita ayuda idioma.

**PAUNAWA** - Ikaw ay may karapatang na tumanggap ng libreng serbisyo ng  
interpreter. Mangyaring ipalam Manager na kung kailangan mo tulong sa wika.

**THÔNG BÁO** - Ngay để nhận miễn phí dịch vụ thông dịch  
Xin vui lòng thông báo cho người quản lý tòa nhà nếu bạn cần hỗ trợ ngôn ngữ.





## SECTION 504 EQUAL ACCESS STATEMENT

For mobility-impaired persons, this document is kept in the Tenderloin Neighborhood Development Corporation's (TNDC) Management Company office at **201 Eddy Street; San Francisco, CA 94102**. Document may be examined Monday through Friday between the hours of **8:30 AM and 5:00 PM**. You must call to make arrangements to examine this document. Please call **(415) 776-2151**, and People with hearing loss dial 7-1-1.

For vision-impaired persons, TNDC will provide a staff person to assist 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 needed to permit the contents of the document to be communicated to the person with vision impairments.

For hearing-impaired persons, TNDC will provide assistance in reviewing this document. Assistance may include provision of a qualified interpreter at a time convenient to both the Property and the individual requiring assistance. People with hearing loss, dial 7-1-1 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 their 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 HANDICAPPED STATUS

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

The Section 504 Coordinator ensures compliance with nondiscrimination requirements contained in the Department of Housing and Urban Development's (HUD) regulations implementing Section 504 of the Rehabilitation Act of 1973 (24 CFR Part 8, dated June 2, 1988).

**Section 504 Coordinator**  
**Phone (415) 776-2151**  
***People with hearing loss dial 7-1-1***  
**Fax (415) 409-8636**  
**E-mail: [ComplianceTeam@tndc.org](mailto:ComplianceTeam@tndc.org)**





## COVER PAGE FOR APPLICATION FOR HOUSING

The below Resident Selection Policy has been established to reflect a condensed version of TNDc's qualifications of the Resident Selection Criteria, other qualification may apply. Being eligible is not an entitlement to housing; every applicant must meet the Resident Selection Criteria.

### RESIDENT SELECTION POLICY

All applicants for housing will be screened as outlined in the property's Resident Selection Criteria – available at [www.tndc.org](http://www.tndc.org) or upon request at Tenderloin Neighborhood Development Corporation's (TNDc) Management Company office located at 145 Taylor Street; San Francisco, CA 94102

Applications will **first be reviewed for income qualification** and undergo a residential history check **prior to reviewing past criminal/conviction history** to determine final eligibility.

### BASIC ELIGIBILITY REQUIREMENTS

#### Household Income

- Household annual income must not exceed applicable income limits.
- Household monthly income must be no less than two times (2X) the monthly rent of the unit the household is interested in occupying (subsidized households are exempt from this minimum income requirement).

#### Household Size

- Household composition (including unborn children and live-in aides) must be appropriate for the size of the unit for which the household is interested in occupying.

#### Residential History

- No negative landlord references for housing occupied in the past 2 years (ex: lease violations, destruction of property, non-payment of rent).
- No Unlawful Detainer (eviction) in the past 3 years or two in the past 5 years.

#### Criminal History

- TNDc considers qualified applicants with arrest or conviction records in a manner consistent with Article 49 of the San Francisco Police Code, the Fair Chance Ordinance (FCO).

#### Other Eligibility

- No household where ALL household members are full-time students AND household does not qualify for an exemption.



## APPLICATION FOR HOUSING

**Property:**

**Referral Source:**

TNDc does not discriminate based on race, color, creed, religion, sex, national origin, age, familial status, handicap, ancestry, medical condition, physical handicap, veteran status, sexual orientation, AIDS, AIDS-related condition (ARC), mental disability or any other arbitrary status. Please complete form in English using blue ink.

### SECTION A – HOUSEHOLD COMPOSITION

*Enter "N/A" if a section does not apply.*

Full Name <i>First, Middle Initial, Last</i>	Relation	Marital Status	Student	Gender	Date of Birth	Social Security Number
1.	Head					
2.						
3.						
4.						
5.						
6.						
7.						

**Is there a personal care attendant (Live-in Aide) who will be residing in the unit?**  No  Yes (Add to table above)

Live-in Aide must be approved through the Reasonable Accommodation process and pass a background check. Live-in Aide must show proof of identification and Social Security Number. All Live-in Aides must meet housing program requirements, including, but not limited to 1) aide is there for the sole purpose of providing supportive services essential to the member's care and well-being, and 2) aide will not otherwise be occupying the unit except to provide necessary support services.

### SECTION B – HOUSEHOLD CONTACT INFORMATION

**Current Address:**

**Phone:**

**Email:**

**Alt. Phone:**

**Alt. Email:**

**Language(s)  
Spoken at Home:**

**Do you need an interpreter?**  
 No  Yes

**Contact Preference:**  
 Call  Text  Email

### SECTION C – DISABILITY STATUS

It is not necessary to provide us details about your disability unless you are requesting an accommodation.

**Do you or a household member...**

*Use this space to provide additional information.*

1. Claim a disability?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Need accommodation to complete application process?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Need accommodation in housing because of a disability?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Require a wheelchair-accessible unit?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5. Require a visual/hearing equipped unit?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6. Require a specifically designed location?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

## SECTION D – COMPANION/SERVICE ANIMALS

Is there a companion animal or service animal who will be residing in the unit?  No  Yes

A companion/service animal of any kind may be kept within the unit or on the premises only with prior written Reasonable Accommodation request filled out by a Licensed Health Professional and approved by TNDC. Companion Animals owned by visitors will not be allowed on the premises, except for service animals. If you have an assistive pet, please provide information below.

Type of Animal/Weight/Description:

## SECTION E – REFERENCES

Please list housing reference(s) for residence(s) occupied in the last 2 years.

Landlord/Shelter 1:	Landlord/Shelter 2:
Address/Unit:	Address/Unit:
City/State/Zip:	City/State/Zip:
Phone:	Phone:

Please list 2 personal references. References will be checked if housing cannot be verified for past 2 years

Reference 1 Name:	Reference 2 Name:
Relationship:	Relationship:
Phone Number:	Phone Number:

## SECTION F – PRIOR EVICTIONS

Have you or a household member been **evicted** from a residence in the last five years?  No  Yes

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 recertification procedures?  No  Yes

If yes to either question above, please explain:

## SECTION G – HOUSEHOLD SUBSIDY

Does your household receive Section 8 subsidy? <input type="checkbox"/> No <input type="checkbox"/> Yes	Section 8 Subsidy type: <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Project-Based Voucher
Does your household receive another type of subsidy? <input type="checkbox"/> No <input type="checkbox"/> Yes	Other subsidy source:

## SECTION H – ADDITIONAL HOUSEHOLD INFORMATION

Are you homeless or about to become homeless? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you displaced or about to become displaced? <input type="checkbox"/> No <input type="checkbox"/> Yes
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Have you applied for housing with TNDC before?  No  Yes If yes, please state property:

Please check all certificates you are receiving:

- HUD 221(d)(3) Preference (Presidentially-Declared-Disaster or Involuntarily displaced by Natural Disaster)  
 Certificate of Preference  Displaced Tenant Housing Preference  Live or Work in San Francisco Preference

List all **counties and states** in which you and all adult household members have lived in since age 18:

Use this space to provide additional information which you feel will be helpful in reviewing your application.



## SECTION I – INCOME

**Benefit/Unearned Income** *Complete one row per household member*

HH Member	Source of Income <i>Check multiple boxes if applicable</i>	Monthly Gross Income <i>Total all sources</i>
	<input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SDI <input type="checkbox"/> Unemployment <input type="checkbox"/> Child Support <input type="checkbox"/> Gift Support <input type="checkbox"/> Public Assistance <input type="checkbox"/> Other:	
	<input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SDI <input type="checkbox"/> Unemployment <input type="checkbox"/> Child Support <input type="checkbox"/> Gift Support <input type="checkbox"/> Public Assistance <input type="checkbox"/> Other:	

**Self-Employment** *Complete one row per household member*

HH Member	Self-Employment	Monthly Net Income
	<input type="checkbox"/> App-Based Services (Uber, Lyft, Amazon Delivery, Doordash, etc.) <input type="checkbox"/> Other:	
	<input type="checkbox"/> App-Based Services (Uber, Lyft, Amazon Delivery, Doordash, etc.) <input type="checkbox"/> Other:	

**Employment** *Complete one row per place of employment*

HH Member	Job Title	Employer	Employer Phone

## SECTION J – HOUSEHOLD ASSETS

**Please list all household assets. You may estimate current balance.**

*Do not include retirement/pension account unless you receive regular distributions.*

HH Member	Bank Name and Account Type	Account Number	Current Balance

**Additional Income and Asset Pages Available Upon Request**



## CERTIFICATION

By signing below, each adult household member (18+) certifies the following statements.

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 information collected on the Application for housing is to determine my/our eligibility for residence.
3. I/we authorize the owner, its agents and employees to make any and all legal inquiries to verify 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 landlord or other sources for verification of information which may be released by appropriate federal, state, local agencies, or private persons to management.
4. 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. Code Chapter 41, Subchapter III – Credit Reporting Agencies
5. I/we understand, pursuant to San Francisco Police Code Article 49, "Fair Chance Ordinance," if I am considered housing eligible, I authorize the owner, its agents and employees to obtain information about my/our criminal background to see if there is any disqualifying criminal history, which may affect me/us from moving into the property in compliance with the Resident Selection Criterion.
6. I further understand that the owner has not inquired or required me to provide anything about my prior arrest or conviction record and has provided me with a copy of the Fair Chance Ordinance Notice – notice is supplement to this Application for housing.
7. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
8. I/we understand that false statements or information will deem me/us ineligible, or if move-in has occurred terminate the rental agreement.
9. I/we understand we must provide written notification of any changes to the information on this form.

\_\_\_\_\_

Applicant #1 Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant #2 Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant #3 Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant #4 Signature

\_\_\_\_\_

Date



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.