Mail this completed form to the address below:
Doorway Housing Portal
PO Box 194404
San Francisco, CA 94119

Applications MUST BE RECEIVED (not just postmarked) BY THE DUE DATE ON THE LISTING. Late applications will not be accepted. Only the application form attached to the listing will be processed for that property.

Doorway Housing Application

Please note that if your application is selected for additional review by either a lottery or waitlist process, you will need to complete a supplemental housing application for the housing developer or property manager. Please also note that this general application is designed for all Bay Area affordable housing opportunities and may include questions that are not relevant to the housing listing for which you are applying. We reserve the right to reject incomplete paper applications or those that don't use the most current paper form. **For the best experience, submit an online** application at housingbayarea.org.

Each individual at least eighteen years of age, whether listed as an applicant or household member, may be included on only one application per listing. If a duplicate application(s) is received for a Listing, and each duplicate application has the same applicant and household members, the duplicate application most recently submitted by the applicable deadline will be considered, and all other duplicate applications will not be considered for the listing. For more detailed information on how duplicates are handled, see our Terms of Use (https://mtc.ca.gov/doorway-housing-portal-terms-use).

This pre-application is free to print and free to submit. If you were required to pay a fee to receive this form or to submit it, please contact us at doorway@bayareametro.gov.

WHAT LISTING ARE YOU APPLYING FOR? _____

Doorway does not have a general application. ***One application must be submitted for each housing listing. Applications without the name of the property will not be processed****. If more than one listing name is provided, we will process the application for the open listing with the soonest closing date only.*

About You

Your name: _____ _____ _____ Date of birth: _____
First Middle Initial Last

How many people will live in the unit? _____

What is the **total annual** household income, before any taxes (gross income)? $ _____
Please include all sources for all expected household members.

Do you or does anyone in your new household receive a Section 8 or Housing Authority issued voucher, including Veterans Affairs Supportive Housing (VASH), **OR** rental assistance from other sources?
- ☐ Section 8, VASH, or other Housing Authority issued voucher
- ☐ Rental assistance from other sources (*Includes programs from Catholic Charities or other private agencies.*)
- ☐ None of these

What unit sizes are you interested in? (*only applies to available units for this listing*)
☐ Studio ☐ 1 bedroom ☐ 2 bedrooms ☐ 3 bedrooms ☐ 4 or more bedrooms

Your Contact Information

Phone Number: _____ ☐ Home ☐ Cell ☐ Work

Alternate Phone Number: _____ ☐ Home ☐ Cell ☐ Work

Email Address: _____

V8.2-BD04082026
Prior editions are invalid and will not be processed

Residential Address: (*If you are homeless, enter either the shelter address or an address near where you stay.)*

Street Address	Apt/Unit#	City	State	Zip Code

Mailing Address: (*if different from your residential address)*

Street Address	Apt/Unit#	City	State	Zip Code

Is there someone else we can contact if we cannot reach you? (*optional)*

First Name	Last Name	Phone	Email

Street Address	Apt/Unit#	City	State	Zip Code

How do you know this person?
☐ Family ☐ Friend ☐ Other ☐ Housing counselor or social worker (*agency name:* _____)

Your New Household

Who else will live in the unit you are applying for?
Do not include yourself on this list. Please include any household members beyond four on another sheet of paper. For each "Relationship", please write one of the following: Spouse/Partner, Girlfriend/Boyfriend, Child, Parent, Friend, Brother/Sister, Cousin, Aunt/Uncle, Nephew/Niece, Grandparent/Great Grandparent, Live-in Aide, or Other.

First Name	Middle (optional)	Last Name	Date of Birth	Relationship

Please check if either of the following applies:
- ☐ Someone in my new household will turn 18 years old within 60 days and is a full-time student
- ☐ I anticipate changes to my new household within the next 12 months, such as the number of people, births in the family, graduating students, etc.

For the last 30 days, have either of these applied? (*Answering this question will not harm your qualification for housing.)*
- ☐ Someone in my new household has somewhere to stay that isn't permanent
  Includes staying with friends or family, living in a hotel/motel, or living in a medical or other facility, and those who have received an eviction notice or will soon lose their residence.
- ☐ Someone in my new household is currently homeless
  Includes living outside, in your car, or staying at a shelter, or a motel/hotel paid for with an emergency voucher.

There may be additional housing opportunities if any of the following are true:

- ☐ Someone in my new household requires a unit with ADA accessible features:
  ☐ Mobility ☐ Vision ☐ Hearing
- ☐ Someone in my new household has an Orthopedic Disability
- ☐ Someone in my new household has a Physical Disability that is not already listed above
- ☐ I am interested in units for households who have a member with a developmental disability
- ☐ Someone in my new household is living with chronic long-term health conditions
- ☐ I am interested in units for households who have a member with a mental illness
- ☐ Someone in my new household has served in the US military (*veterans of all discharge statuses*)
- ☐ Someone in my new household is a transition age youth (TAY) aging out of foster care
- ☐ I am interested in being considered for HOPWA units if they are available at this property
  Units are sometimes reserved for households that include a person diagnosed with HIV/AIDS.
- ☐ I consent to additional screening by a local Housing Authority
  Some units are funded by the Housing Authority. To be eligible, you must complete a screening.
- ☐ Someone in my household who is over the age of 18 meets the definition of an agricultural worker/farmworker. An agricultural worker is defined as someone that receives, or prior to retirement or disability received, a substantial portion of their income from agricultural employment.

Housing Preferences

Answers to the following may help you receive a lottery or waitlist housing "preference". Such preferences can increase your chances of placement. By selecting any of the items in this Housing Preferences section, you acknowledge that you are applying for related housing preferences, which will be verified by the property manager per the details of each preference. Please note that to make this form easier to use, some preferences have been grouped together. For full detail on a jurisdiction's housing preferences, please contact the city or county where the property is located. **For the best application experience, please submit an online application at housingbayarea.org.**

Live or Work in Same City

Check the boxes below if they apply to your situation. To find the city for a listed property, please refer to the listing on the Doorway Housing Portal (housingbayarea.org).

- ☐ Someone in my new household lives in the same city as this property
- ☐ Someone in my new household works in the same city as this property

Jurisdiction Preferences

For the following, check only the items that apply to you for county and/city location of the property.

Alameda County

- ☐ Someone in my new household lives or works in Alameda County
- ☐ Someone in my new household is an Alameda Unified School District employee
- ☐ Someone in my new household has a developmental disability
  You confirm that someone in your household meets the definition of developmentally disabled.
- ☐ I am registered with a Regional Center or other organization that supports developmental disabilities

  Name of the organization: _____

Tri-Cities

- ☐ Someone in my new household lives and/or works in Fremont, Newark or Union City
  To be considered, please enter the Tri-Cities address that qualifies:

_____	_____	_____	_____
Street Address	Apt/Unit#	City	Zip Code

Berkeley

- ☐ Someone in my new household was displaced due to no-fault or nonpayment-related eviction in Berkeley in the past seven years
- ☐ Someone in my new household lives in Berkeley but isn't in a permanent place to stay
- ☐ Someone in my new household is homeless and living in Berkeley, or homeless and had a previous address in Berkeley

- ☐ My new household includes children under the age of 18
- ☐ Someone in my new household has been displaced due to foreclosure of a property in Berkeley since 2005
  If you think you qualify, please contact the City of Berkeley Affordable Housing Program at 510-981-5304 to apply as soon as possible for a Foreclosure Displacement certificate.
- ☐ Someone in my new household was displaced due to construction of Bay Area Rapid Transit (BART) stations in Berkeley in the 1960s and 1970s or is the direct descendant of someone (parent or grandparent) of someone who was displaced due to BART construction in Berkeley
  If you think you qualify, please contact the City of Berkeley Affordable Housing Program at 510-981-5304 to apply as soon as possible for a BART Construction Displacement certificate.
- ☐ Someone in my new household lives or used to live in a formerly redlined neighborhood in Berkeley
  Applies if you or another household member live or formerly lived in a formerly redlined area within Berkeley, South Berkeley, West Berkeley or parts of Central Berkeley. Redlined areas were those designated as risky places to issue loans by the federal government during the 1930s-1960s. If you qualify and would like to be considered for this preference, please enter your current or former Berkeley address:

  Street Address _____ Apt/Unit# _____ Zip Code _____

- ☐ Someone in my new household has parents or grandparents that live or used to live in a formerly redlined neighborhood in Berkeley
  Applies if you or another household member have a parent/guardian or grandparent who lives or lived in a formerly redlined area within Berkeley, South Berkeley, West Berkeley or parts of Central Berkeley. If you qualify and would like to be considered for this preference, please enter your relative's primary or former Berkeley address:

  Street Address _____ Apt/Unit# _____ Zip Code _____

- ☐ Someone in my new household is an employee with the Berkeley Unified School District
  - ☐ Full-time
  - ☐ Part-time

  If you qualify and would like to be considered for this preference, please enter the school address:

  School Address _____ Zip Code _____

Dublin

- ☐ Someone in my new household has an immediate family member in Dublin
- ☐ Someone in my new household was required to relocate from a current Dublin residence due to demolition of dwelling or conversion of dwelling from rental to for-sale unit
- ☐ Someone in my new household is a public service employee in Dublin
- ☐ Someone in my new household is a senior, defined as age 62 and older

Emeryville

- ☐ I have a child enrolled in the Emeryville Unified School District (EUSD) or Emeryville Child Development Center (ECDC)
- ☐ Someone in my new household works in the City of Emeryville
  Please enter the Emeryville address that qualifies:

  Street Address _____ Apt/Unit# _____ Zip Code _____

Hayward

- ☐ At least one member of my household is an SR 238 Settlement Implementation Project Program Participant, which are tenants of previously sold Caltrans properties along the SR 238 Mission Boulevard Corridor that are given occupancy preference when below market housing is constructed in the Corridor. For more information see https://www.hayward-ca.gov/238/background.
  Please enter the home address from which the household member was displaced:

  Street Address _____ Apt/Unit# _____ Zip Code _____

☐ At least one member of my household was displaced from a residential property in Hayward due to redevelopment activity by the Hayward Housing Authority, the Redevelopment Agency or the City of Hayward

Please add the home address the household member was displaced from:

Street Address	Apt/Unit#	Zip Code

Oakland

- ☐ My household has at least one adult member who has been displaced from a housing unit in Oakland within one year prior to the date of application due to a city code enforcement activity.
- ☐ My household has at least one adult member who has been displaced from a housing unit in Oakland within one year prior to the date of application due to a city-sponsored or city-assisted development project.
- ☐ My household has at least one adult member who has been displaced from a housing unit in Oakland within eight (8) years or less prior to the date of application due to a "no fault" eviction that does not state cause on the eviction notice and gives thirty (30) days or longer notice to vacate the unit.
- ☐ My household has at least one adult member who has a principal place of residence on the date of application either within the Council District where the project is located or within a one-mile radius of the housing project.
- ☐ My household has at least one adult member whose principal place of residence on the date of application is within the City of Oakland.
- ☐ My household has at least one adult member who is employed by an employer located within the City of Oakland, owns a business located within the City of Oakland, or participates in an education or job training program located within the City of Oakland on the date of application.

Please enter the Oakland address that qualifies for any of the above options:

Street Address	Apt/Unit#	Zip Code

- ☐ My new household consists of 2 or more people
- ☐ I am a senior living alone
- ☐ I am a person with a disability living alone

San Mateo County

- ☐ Someone in my new household lives in San Mateo County
- ☐ Someone in my new household works in San Mateo County
- ☐ My household was displaced or lost housing due to the shooting on two of the coastal farms in the City of Half Moon Bay in January 2023
- ☐ My household was displaced (or is currently at-risk of displacement) due to unsafe living conditions identified by the County's Farmworkers Housing Compliance Task Force. Households must provide documentation that their housing was deemed uninhabitable by the County of San Mateo's Planning and Building Department.
- ☐ My household is at significant risk of displacement due to one or more of the following circumstances. Please check all that apply. Applicants will be required to provide self-certification and other third-party documentation to demonstrate eligibility.
    - ☐ Paying more than 50% of gross household income towards housing
    - ☐ Living in overcrowded housing
    - ☐ Pending eviction
    - ☐ Pending redevelopment
    - ☐ Living in substandard housing
    - ☐ Other: _____
- ☐ My household has been living continuously in San Mateo County for a year AND someone in my household currently works in agriculture in San Mateo County. Working in agriculture in San Mateo County is defined as working continuously over the last year or working a minimum of one year over the last two years with a minimum average of 20 hours per week, over the course of the qualifying year.
- ☐ In the last three years, my household was displaced from the County of San Mateo
- ☐ This home is the first home that a member of my household has ever purchased and would be the first time that

we have any interest in real residential property

Burlingame

- ☐ Someone in my household is employed in the City of Burlingame, has been hired to work in the City of Burlingame, and/or is expected to live in the City of Burlingame due to planned employment (i.e., a firm offer of work)

Daly City

- ☐ I am a current full-time (not former or retired) Daly City School District employee
  This includes Bayshore, Jefferson Union High, and Jefferson Elementary school employees, and staff currently working in any 100% publicly subsidized infant center, toddler center or preschool in Daly City.

East Palo Alto

- ☐ At least one adult member of my new household experienced involuntary displacement from the City of East Palo Alto due to (check all that apply):
  - ☐ Natural disaster declared by the governor
  - ☐ Domestic violence
  - ☐ City code enforcement activity
  - ☐ A "No Fault" eviction from a rental unit in East Palo Alto within the past year
  - ☐ A 10% or higher increase in rent in the last 12 months
- ☐ At least one adult member of my new household experienced displacement from East Palo Alto due to foreclosure of their owner-occupied home in or after 2005

Foster City

- ☐ I or someone in my new household have been living in a Below Market Rate deed restricted unit in Foster City for a minimum of 12 months that is subject to termination of affordability restrictions within three years
- ☐ Someone in my new household is an employee of the City of Foster City
- ☐ Someone in my new household is a classroom teacher who is an employee of the San Mateo-Foster City School District, the San Mateo Union High School District or the San Mateo County Community College District

Menlo Park

- ☐ My current residence is in Menlo Park
- ☐ Someone in my new household works or volunteers for an employer or agency in Menlo Park
- ☐ Someone in my new household owns and works at a business in Menlo Park
- ☐ I am unhoused in Menlo Park AND my last local residence was in Menlo Park
- ☐ I used to live in Menlo Park but moved out of the city due to economic conditions beyond my control

Redwood City

- ☐ Someone in my new household was displaced by activity (including the exercise of police powers and code enforcement) of the City or as provided in Health and Safety Code Section 33411.3 or by public projects implemented by the City
- ☐ Someone in my new household used to live in the City
- ☐ Someone in my new household has been offered work in the City

South San Francisco

- ☐ Someone in my new household has previously resided in the city of South San Francisco
- ☐ Someone in my new household has received and accepted a firm offer of employment within the city

Santa Clara County

To be considered for any of the following preferences, you must provide the address of the school that qualifies below.

- ☐ Someone in my household is a teacher and/or classified staff employed by the Los Altos School District
- ☐ Someone in my household is a teacher or classified staff employed by the Mountain View Whisman School District
- ☐ Someone in my household is a teacher and/or classified staff employed by the Palo Alto Unified School District
- ☐ Someone in my household is a teacher and/or classified staff employed by the Foothill-DeAnza Community College District
- ☐ Someone in my household is a teacher and/or classified staff employed by the Ravenswood City School District or a private nonprofit school, including preschools, within the Ravenswood City School District

boundaries

- ☐ Someone in my household is a teacher and/or classified staff employed by one of the following San Mateo County Schools:
  - ☐ Menlo Park City School District
  - ☐ Las Lomitas School District
  - ☐ Menlo-Atherton High School
  - ☐ Tide Academy
  - ☐ East Palo Alto Academy
  - ☐ Sequoia District Adult School

*Enter the address of the **school** that qualifies:*

_____ _____
Street Address Zip Code

- ☐ My household does NOT require space to park a vehicle

Campbell

- ☐ Someone in my new household was displaced by demolition of their residential unit and is eligible for a replacement unit as provided for by Section 66300.6 of the California Government Code
- ☐ Someone in my household is an employee of the City of Campbell

Demographics

We ask the following **optional** questions to improve our programs and better serve Bay Area residents. Your answers will be kept strictly confidential and will never be shared with identifying information except to the property manager responsible for placing the units for which you apply. You are welcome to skip any questions that you feel are too personal, and your answers will not affect your eligibility for housing in any way.

Which best describes your race/ethnicity? Please select all that apply below. If you choose any "Other" categories, please provide additional information on the blank line that follows each of those categories.

- ☐ **Asian**
  - ☐ Chinese
  - ☐ Filipino
  - ☐ Japanese
  - ☐ Korean
  - ☐ Mongolian
  - ☐ Vietnamese
  - ☐ Central Asian
  - ☐ South Asian
  - ☐ Other Asian: _____
- ☐ **Latino**
  - ☐ Caribbean
  - ☐ Central American
  - ☐ Mexican
  - ☐ South American
  - ☐ Other Latino: _____
- ☐ **White**
  - ☐ European
  - ☐ Other White: _____
- ☐ **Black**
  - ☐ African
  - ☐ African American
  - ☐ Caribbean, Central America, South American or Mexican
  - ☐ Other Black: _____
- ☐ **Indigenous**
  - ☐ Alaskan Native
  - ☐ American Indian/Native American
  - ☐ Indigenous from Mexico, the Caribbean, Central America, or South America
  - ☐ Other Indigenous: _____
- ☐ **Middle Eastern, West African, or North African**
  - ☐ North African
  - ☐ West African
  - ☐ Other Middle Eastern or North African: _____
- ☐ **Pacific Islander**
  - ☐ Chamorro
  - ☐ Native Hawaiian
  - ☐ Samoan
  - ☐ Other Pacific Islander: _____

Which language is most spoken in your home? (*Please select one*)

☐ Cantonese ☐ English ☐ Filipino ☐ Korean ☐ Mandarin ☐ Russian ☐ Spanish ☐ Vietnamese

☐ Not listed: _____

Which best describes your gender identity? (*Please select one*)

- ☐ Genderqueer/Gender Nonbinary
- ☐ Trans Man/Transmasculine/Trans Male
- ☐ Trans Woman/Transfeminine/Trans Female
- ☐ Man
- ☐ Woman
- ☐ I use a different term
- ☐ I don't know, or I don't understand the question
- ☐ Prefer not to respond

Which best describes your sexual orientation or sexual identity? (*Please select one*)

- ☐ Asexual
- ☐ Bisexual
- ☐ Gay/Lesbian/Same-Gender Loving
- ☐ Questioning/Unsure/Don't Know
- ☐ Straight/Heterosexual
- ☐ I use a different term
- ☐ I don't understand the question
- ☐ Prefer not to respond

How did you hear about this listing?

- ☐ Government website
- ☐ Property website
- ☐ Email alert
- ☐ Friend/Relative
- ☐ Housing counselor/Social worker
- ☐ Flyer
- ☐ Radio/TV
- ☐ Bus ad
- ☐ Other: _____

Additional Information

- For available units that are offered via a housing lottery, eligible applicants should be contacted by the professional partner in order of their rank in a lottery conducted shortly after the application deadline. For available units that are offered on a first-come, first-served basis, eligible applicants should be contacted by the professional partner in chronological order of their applications until vacancies are filled.
- If you are contacted for an interview, you will be asked to fill out a more detailed application and provide supporting documents. All the information that you have provided will be verified and your eligibility confirmed. Your application may be removed from consideration by the Professional Partner if you have made any fraudulent statements. For properties with housing preferences, if your housing preference claim cannot be verified, you will not receive the preference. All applicants will be screened as outlined in the Listing's Resident Selection Criteria.
- Completing this application does not entitle you to housing or indicate you are eligible for housing.

I affirm that I am at least eighteen years of age and am authorized to submit the personal identifiable information (PII) of any household member listed in the Application. I consent on both behalf of the household members listed in the Application and myself for the PII to be transmitted to the Professional Partner and/or Local Government for the purposes as outlined in the Terms of Use. Your submission of a paper application is acceptance of the Terms of Use (see https://mtc.ca.gov/doorway-housing-portal-terms-use) and subject to the Privacy Policy (see https://mtc.ca.gov/doorway-housing-portal-privacy-policy). If you'd like to correct an error on your submitted application or confirm receipt of your application, or if you would like to receive a paper copy of the Terms of Use or the Privacy Policy, please call 415-778-5310 and leave a voicemail for Doorway staff. Please note that requests for application changes must be received before the application due date.

I agree to the above terms and declare that the foregoing provided information is true and accurate and acknowledge that any misstatement fraudulently or negligently made on this application may result in removal from the application process.

Signature _____ **Date** _____

Printed Name _____