



## HOUSING LADDER – PROGRAM APPLICATION

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The Housing Ladder program is for people who live in HSH permanent supportive housing (PSH) and no longer need intensive services. This program allows them to transition into a more independent housing setting that has a **lower level of supportive service**. Households pay up to 30% of their income in rent and the City subsidizes the rest.

### PROGRAM ELIGIBILITY

To be eligible for the Housing Ladder program, households must:

- Have been a tenant in HSH’s permanent supportive housing for at least two years.
- Be in good standing and have no lease violations.
- Show readiness to move into more independent living.

There are Housing Ladder programs for **adults over 18** and **families**. Households must work with their case manager and property managers to apply.

### APPLICATION INSTRUCTIONS

To apply to the Housing Ladder program, please complete the following Housing Ladder Program Application in its entirety (other variations will not be accepted). **PLEASE PRINT CLEARLY OR USE THE FILLABLE PDF VERSION OF THIS APPLICATION TO ENSURE TIMELY PROCESSING.**

To submit the Housing Ladder Program Application:

- Upload this completed application into the ONE System under the applicant “Files” tab
  - For Category, select "Housing Ladder Application"
  - For Predefined Name, select the option corresponding to the specific Housing Ladder program (Adult or Family) that the applicant is applying for
    - Adult includes young adults ages 18 and over
    - Family includes pregnant people
    - See the [Housing Ladder Frequently Asked Questions](#) for more information on household eligibility for the Adult vs Family program
- Upload all vital documents into the ONE System to accompany the application.
  - State Identification (ID) / San Francisco City Identification or Passport for all adults over 18 in the household
  - Birth Certificate for any minor children in the household
- Complete the [Housing Ladder Application Portal](#) online form

Please **DO NOT** submit the Housing Ladder Program Application to [housingladderprogram@sfgov.org](mailto:housingladderprogram@sfgov.org) — applications submitted via email will **NOT** be reviewed.





## HOUSING LADDER – PROGRAM APPLICATION

HOUSEHOLD INFORMATION				
<b>Applicant Name:</b>	<b>(First Name)</b>	<b>Middle Initial:</b>	<b>(Last Name)</b>	
<b>Phone Number:</b>		<b>Date of Birth:</b>		
<b>Social Security Number:</b>			<b>(month)</b>	<b>(Day)</b>
<b>Mailing Address:</b>				
	<b>(Street or P.O. Box)</b>	<b>(City)</b>	<b>(State)</b>	<b>(Zip code)</b>
<b>Primary Language:</b>				
<b>Secondary Language:</b>				
<b>Reasonable Accommodation:</b>	Do you need reasonable accommodation? <input type="checkbox"/> Yes Please specify: _____ <input type="checkbox"/> No			
<b>Secondary Contact:</b>		<b>Relationship to applicant:</b>		
<b>Primary Phone Number:</b>		<b>Secondary Phone Number:</b>		
<b>Email:</b>				

### INCOME INFORMATION

Please report the applicant's annual household income. Applicants who are awarded the Housing Ladder opportunity will be required to provide proof of income documentation when they enroll in the program.

<b>Income Type:</b>	<input type="checkbox"/> <b>Employed</b> <input type="checkbox"/> <b>SSI/SSA/CAAP/SSDI</b> <input type="checkbox"/> <b>VA Benefits</b> <input type="checkbox"/> <b>Other:</b> _____			
<b>Annual Household Income:</b>	\$ _____			
<b>Does the client have a Rep Payee?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Rep Payee Agency Name</b>		<b>Phone No:</b>		





### HOUSING LADDER – PROGRAM APPLICATION

#### 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.**

#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





## HOUSING LADDER – PROGRAM APPLICATION

### 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:
<b>Other Adult Signature(s): (if applicable)</b>	
#1	Date:
#2	Date:
#3	Date:
#4	Date:





### HOUSING LADDER – PROGRAM APPLICATION

#### CASE MANAGEMENT FORM

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

<b>Tenant Name:</b>			
<b>Name of Current Housing Site:</b>		<b>Unit #</b>	
<b>ONE System Unique ID:</b>			

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). **All questions must be answered. Applications missing complete answers may be disqualified.**

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

Behavior Health Services	Emergency Services	Workforce Development Services
Financial Coaching	IHSS/In Home Care	
Food Services	Medical Care	Other: _____

a. Please briefly describe how the applicant has used the selected support services.

- In the past 24 months, how responsive has this applicant been to inquiries and requests from support services staff?

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

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





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

6. What level of tenant education would this applicant require to be successful in scattered site, independent housing?

Minimal

Moderate

Significant

- a. Please describe the type of tenant education they need and why.

7. 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:			
Signature		Date:	
Phone Number:		Email:	
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.**

<b>Tenant Name:</b>			
<b>Name of Current Housing Site:</b>		<b>Unit #</b>	
<b>Current Monthly Rent:</b>	\$	<b>Move-In-Date:</b> <i>(Must be at least 24 months before the date of application)</i>	

**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. Please attach the client's rent ledger.
  - c. If NO, was this delinquency due to COVID-19? YES: \_\_\_\_\_, OR NO: \_\_\_\_\_
  - d. If NO, does the tenant currently have a payment plan in place? YES: \_\_\_\_\_ OR NO: \_\_\_\_\_
  
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. In the past 24 months, has the tenant received an eviction notice?
  - a. 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. How responsive has this applicant been to inquiries and requests from property management staff over the past 24 months?

[Empty text box for response to question 6]

7. Please describe how the applicant has independently negotiated with property management staff in the past 24 months.

[Empty text box for response to question 7]







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

Please provide any additional comments, or explanations regarding this tenant’s application of reference for the Department of Homelessness & Supportive Housing to consider:

[Empty text box for 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:	





**OFFICE USE ONLY**

Document contains updated and accurate vital documents:

State/City Identification/Passport Information of adult household members

Birth Certificate of any minor children

Completed Case Management Form

Completed Property Management Reference Form

Attached supportive documents to questions #5 & #6

Program Type:

Housing Ladder – Adult

Housing Ladder – Family

Completion of the Housing Ladder Application Portal online form

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:	

