



Housing Authority of the City and County of San Francisco
Housing Choice Voucher – Applicant Referral Request Form

E-mail completed form to: customercare@sfha.org

Landlord Details	
Property Name	
Company Name	
Telephone Number	
Fax Number	
E-mail Address	
Vacant Unit Details	
House/Unit Number	
Street Address	
Apartment/ Suite Number	
Zip Code	
Program	<input type="checkbox"/> RAD <input type="checkbox"/> PBV <input type="checkbox"/> MOD
Income Requirement	
Type of House/Apartment	<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Semi-Detached / Row House <input type="checkbox"/> Manufactured Home
Bedrooms	<input type="checkbox"/> Studio <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five
Bathrooms	<input type="checkbox"/> Studio <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five
Date Vacancy Reported	
<i>Projected Move-in Date</i>	
Accessibility Features	
<input type="checkbox"/> Wheelchair Accessible <input type="checkbox"/> Roll-In Shower <input type="checkbox"/> Hearing/Visual	
Additional Information relevant to vacancy and/or	
Notes:	
Authorized by	
Name	
Position	
Date	
Signature	