



Checklist for Complete Application

- ☐ Completed Application
- ☐ Proof of income (**immediate previous three months to incident**)
- ☐ Financial statements for all accounts (**Bank and/or Investment**) (**immediate previous three months to incident**)
- ☐ Proof of rental amount
- ☐ Valid IDs for all Adults
- ☐ Release of Information from Provider to Temporary Assistance for Displaced Persons

Submitting an Application

By mail:

HSA Disaster Preparedness and Response
P.O. Box 7988,
San Francisco, CA 94120-7988

Email:

HSAFireResponse@sfgov.org

For emails, write in the subject line, "*Temporary Assistance for Displaced Persons (TADP)* - Application."



Temporary Assistance for Displaced Persons

Application

Client Name		
First	Middle	Last
Contact Information		
Phone	Email	

Contact Information

Do you have a primary language other than English?	☐ Yes, Please specify _language:_____
	☐ No

Incident Information

Date of incident:			
Type of Incident?	☐ Fire ☐ Order to vacate due to uninhabitable conditions		
Incident Address:	Street Address _____ Unit or Apt Number _____ San Francisco, CA 941 _____		
Number of bedrooms?	How long have you lived at address?	Rent \$	
Studio / SRO ☐	____ Years ____ Months	Rent Subsidy	
1_bedroom ☐			
2_bedrooms ☐			
3_bedrooms ☐			
4+ bedrooms ☐		Do you have Renters/ Homeowners Insurance?	☐ Yes ☐ No
Property Management Information:	Name:		
	Phone Number:		
	Email:		



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Name	Relationship	Phone number	DOB	Gender	Sexual Orientation ¹	Current living location						
List Primary Contact First	Spouse Partner Child Extended family member Roommate			Male Female Trans Women Trans Man Queer Non-binary Questioning Not listed Prefer not to answer	Bisexual, Questioning, Gay/Lesbian Heterosexual Not Listed Prefer not to answer	Hotel Shelter Friend Family						
Pets	Type of animal		Is animal a licensed service animal or companion?									
Are there any special needs that need to be accommodated?												

1. Sexual Orientation And Gender Identity - SF Ordinance 159-16 amends the Administrative Code to require city departments and contractors that provide health care and social services to seek, to collect and analyze data concerning the sexual orientation and gender identity of the clients they serve.



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Income Source Name	Adult 1: Monthly Amount	Adult 2: Monthly Amount	Adult 3: Monthly Amount
TANF/CalWORKs			
General Assistance (CAAP)			
SSI/SSDI			
Employment			
Unemployment			
Other (please list source):			
Total Monthly Income - All Family Members:			

Household Income & Assets Resources (Do not include minors under 18)

Account Type	Adult 1: Current Amount	Adult 2: Current Amount	Other Family Member: Amount
Checking			
Savings			
Stocks			
Certificates of Deposit CD			
Other cash, investments or other financial resources (please specify):			
Total available:			

Household Service Connections

What is the total income for the household?

\$

Comments

Service	Adult 1	Adult 2	Adult 3
Medicaid			
CalFresh			
MediCal			
Case Management			



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Are there any additional comments?

☐ To the best of my knowledge, all the information provided is true and accurate.

Signature _____ **Date** _____

Signature _____ **Date** _____

Signature _____ **Date** _____

Administrative Use Only

Received by: _____ Date received by: _____

Eligibility determination: Approved ☐ Denied ☐ Final: _____ Case ID: _____