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Department of Public Works
Office of the City and County Surveyor

875 Stevenson Street, Room 410

San Francisco, CA 94103

Bruce R. Storrs, City and County Surveyor

2011 Condominium Lottery Application for Returning Applicants

1. Please read this entire application carefully.
2. This application consists of 3 pages.
3. The \$250 Lottery ticket processing fee is **nonrefundable**. It is the owners' responsibility to verify that the building continues to qualify for the lottery **before** purchasing their ticket(s). Fees are payable by cash, check (made out to DPW or Department of Public Works) or credit card (Master card or Visa). Checks are subject to service charges if they are returned by a financial institution.
4. **This application is only for those applicants who have participated in the 2007, 2008, 2009, or 2010 Condominium Lottery and have not had a change in ownership or occupancy status.**
5. **If you participated in the 2007, 2008, 2009 or 2010 Condominium Lottery and had a change in either ownership status or occupancy status you may not use this application.**
6. Only one of the building owners' is required to sign these forms. If you desire to have more than one owner sign the documents you may do so.

2011 CONDOMINIUM LOTTERY RETURNING APPLICANT

PROPERTY AND CONTACT INFORMATION

Property Information

Assessor's Block # _____ Lot # _____ Number of Units _____

Street Address: _____

Zip Code: _____

Has this building been select as a winner in any previous lotteries?

No

Yes If yes, in what year(s) _____

Contact Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Day time phone number _____

Additional Contact Information (If Desired)

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Day time phone number _____

2011 CONDOMINIUM LOTTERY RETURNING APPLICANT

RETURNING APPLICANT AFFIDAVIT

By signing the document below you certify that all of the following continues to be true and that nothing has change since filling out your original owners affidavits:

- I. The owner occupancy of the building has not changed and/or the ownership status of the building has not changed. This includes **all** owners whether qualified or not qualified to convert the building.
- II. Since May 1, 2005, no eviction as defined in San Francisco Administrative Code Section 37.9(a)(8), 37.9(a)(10), 37.9(a)(11), or 37.9(a)(13) of a senior, disabled person, or catastrophically ill tenant as defined below has occurred, or if such an eviction took place, each unit in the building was occupied by a separate owner of record on April 4, 2006. For purposes of the above statement, a “senior” shall be a person who is 60 years or older and has been residing in the unit for 10 years or more at the time of issuance of the eviction notice; a “disabled” tenant is defined as a person who is disabled within the meaning of Title 42 U.S.C. Section 12102(2)(A); and a “catastrophically ill” tenant is defined as a person who is disabled as defined by above, and who is suffering from a life threatening illness as certified by his or her primary care physician.
- III. Since May 1, 2005, two or more tenants occupying separate units have not been evicted under San Francisco Administrative Code Section 37.9(a)(8), 37.9(a)(10), 37.9(a)(11), or 37.9(a)(13), or if such evictions took place, each unit in the building was occupied by a separate owner of record on April 4, 2006.
- IV. Since November 16, 2004, no eviction as defined in San Francisco Administrative Code Section 37.9(a)(8) – (14) of a senior, disabled person, or catastrophically ill tenant as defined below has occurred, or if an eviction has taken place under Administrative Code Section 37.9(a)(11) or (14), the original tenant reoccupied the unit after a temporary eviction. For purposes of the above statement, a “senior” shall be a person who is 60 years or older and has been residing in the unit for 10 years or more at the time of the application; a “disabled” tenant is defined as a person who is disabled within the meaning of Title 42 U.S.C. Section 12102(2)(A); and a “catastrophically ill” tenant is defined as a person who is disabled as defined by above, and who is suffering from a life threatening illness as certified by his or her primary care physician

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RETURNING APPLICANT AFFIDAVIT

I/We _____ declare under penalty of perjury, that I am (we are) the owner(s) of the property that is the subject of this application and that I / we have read and understood the above statements. As the applicant, I/we take the responsibility for each of the owners' understanding of the above statements.

Signature _____

STATE OF CALIFORNIA)
COUNTY OF _____) ss

ON _____ 20__ BEFORE ME, _____, PERSONALLY

APPEARED _____, WHO PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHOSE NAME(S) IS/ARE SUBSCRIBED TO THE WITHIN INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE/SHE/THEY EXECUTED THE SAME IN HIS/HER/THEIR AUTHORIZED CAPACITY(IES), AND THAT BY HIS/HER/THEIR SIGNATURE(S) ON THE INSTRUMENT THE PERSON(S), OR THE ENTITY UPON BEHALF OF WHICH THE PERSON(S) ACTED, EXECUTED THE INSTRUMENT.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING PARAGRAPH IS TRUE AND CORRECT.

WITNESS MY HAND AND OFFICIAL SEAL.

SIGNATURE _____

(Note: SEAL OPTIONAL IF THE FOLLOWING INFORMATION IS COMPLETED)

NOTARY PUBLIC, STATE OF CA COMMISSION No.: _____

MY COMMISSION EXPIRES: _____

COUNTY OF PRINCIPAL PLACE OF BUSINESS: _____