

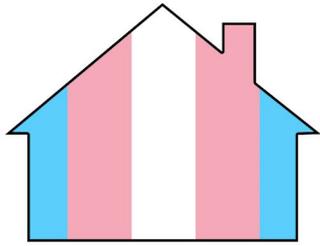
Our Trans Home SF
transhomesf.org

Rental Subsidy Application

Our Trans Home SF's Rental Subsidy Program is a financial assistance program for transgender and non-binary individuals residing in the Bay Area, CA who are at risk of homelessness. Eligibility is determined based on income, rent price, and availability of program funds. If enrolled, income will be verified every three months to determine continued eligibility. The amount of subsidy awarded depends on income and will decrease over time to allow for the program to reach the largest number of those in need.

To apply, submit the following documents to OurTransHome@StJamesInfirmmary.org:

- This application form
- A copy of your photo ID
- A copy of your rental agreement or lease
- A copy of your landlord's W9
- A copy of documents that verify your income. Examples include:
 - Pay Stubs
 - W2
 - Self-Attestation letter and bank statements
 - Unemployment award letter
 - SSI award letter
 - SDI award letter
 - CalWORKS award letter
 - CAAP/GA award letter
 - Child Support letter
 - Financial Aid award letter



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Please answer the following questions to the best of your ability:

Name (you go by): _____

Name (on rental agreement, if different): _____

Date of Birth: _____ Pronouns: _____

Phone Number: _____ Email Address: _____

Do you identify as trans or non-binary?

- Yes
- No

Are you requesting:

- One-time emergency assistance
 - Overdue rent
 - Next month's rent
 - Security deposit
- On-going monthly assistance

Are you currently experiencing homelessness?

- Yes
- No

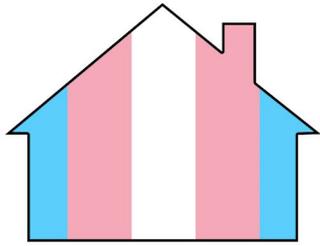
If no, please provide your Address of Residence:

Please provide your landlord's information:

Name: _____

Phone Number: _____ Email Address: _____

Address to send the subsidy check to: _____



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What is the **total base rent** for the entire space (as listed on the lease, NOT including any utilities or add on expenses)?

\$ _____ per month

Do you split the total rent with roommates?

Yes

If yes, how many roommates? _____

No

What do **you** pay for your monthly base rent? (For you only, not roommates or partners)

\$ _____ per month

****Please include a copy of your rental agreement and a copy of your landlord's W9****

Are you at risk of eviction?

Yes

No

If you are at risk of eviction, please provide more information about your circumstances:

If you are currently homeless, where are you staying?

On the street

In a car

In a shelter

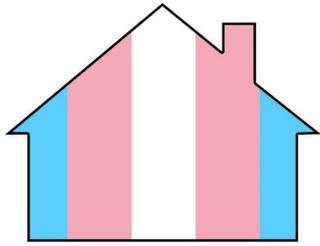
In a residential treatment facility

In a transitional housing program

In a hotel

With a friend or family member

Not Listed: _____



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What is your total monthly income (without subtracting expenses)?

\$_____ per month

Please check all income sources that apply to you:

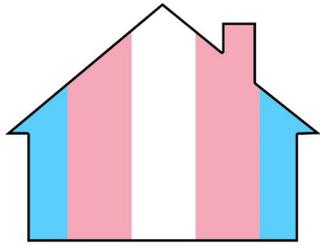
- Employment
- Cash Economy Work
- Unemployment
- Social Security Income (SSI)
- State Disability Insurance (SDI)
- CalWORKS
- CAAP/General Assistance (GA)
- Child Support
- Financial Aid (student)
- Not Listed: _____

What type of income verification documents are you submitting with your application?
(Please include these documents with your application).

- Pay Stubs
- W2
- Self-Attestation letter and bank statements
- Unemployment award letter
- SSI award letter
- SDI award letter
- CalWORKS award letter
- CAAP/GA award letter
- Child Support letter
- Financial Aid award letter
- Not Listed: _____

Please check any non-cash assistance programs you are enrolled in:

- Medi-Cal
- Medicare
- CalFresh (food stamps)
- Not Listed: _____



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Our Trans Home SF is a program of St. James Infirmary, a clinic that offers services to current and former sex workers. Are you interested in receiving medical or mental health services through St. James?

- Yes
- No

We prioritize BIPOC (Black, Indigenous, and People of Color), those living with HIV/AIDS, current and former sex workers, people with disabilities, and those who were formerly incarcerated. Check all that apply (if comfortable):

- BIPOC
- Living with HIV/AIDS
- Current Sex Worker
- Former Sex Worker
- Disabled
- Formerly Incarcerated

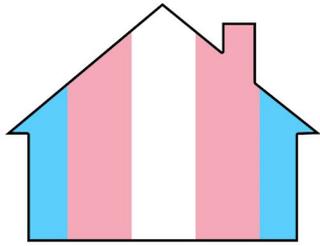
Please complete the following demographic questions. These categories are created by the city and are required to be collected and reported to the city.

Which best describes your ethnicity?

- Hispanic/Latinx
- Not Hispanic/Latinx

Which best describes your race?

- American Indian/Alaska Native
- American Indian/Alaska Native and Black/African American
- American Indian/Alaska Native and White
- Asian
- Asian and White
- Black/African American
- Black/African American and White
- Native Hawaiian/Hawaiian/Another Pacific Islander
- White
- Not Listed: _____



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What is your gender? (Check all that apply)

- Cis Woman
- Cis Man
- Genderqueer or Non-Binary
- Trans Woman
- Trans Man
- Not Listed: _____

What is your sexual orientation? (Check all that apply)

- Bisexual
- Gay or Lesbian
- Questioning or Unsure
- Straight or Heterosexual
- Not Listed: _____

Are you a veteran?

- Yes
- No

I, _____ (*print name*), hereby confirm that all the information provided herein is accurate, correct, and complete, and that the documents submitted along with this application form are genuine.

Signature

Date