

Our Trans Home SF  
transhomesf.org

## Our Trans Home SF Application Form

---

Our Trans Home SF has two programs:

**The Bobbi Jean Baker House** is a independent living house in the Mission District of San Francisco for transgender, non-binary, gender non-conforming, and intersex individuals experiencing homelessness in the Bay Area, CA with integrated housing case management. Eligibility is determined based on income, current housing situation, willingness to engage in a structured housing case management program, and availability of rooms in the house.

**The Rental Subsidy Program** is a financial assistance program for transgender and non-binary, gender non-conforming and intersex 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.

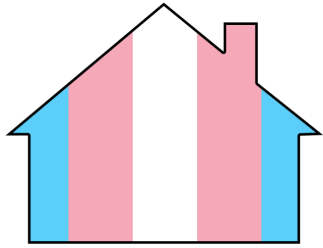
---

To apply for the Bobbi Jean Baker House, submit the following documents to [OurTransHome@StJamesInfirmery.org](mailto:OurTransHome@StJamesInfirmery.org):

- This application form
- A copy of your photo ID
- A copy of documents that verify your income

To apply for the Rental Subsidy Program, submit the following documents to [OurTransHome@StJamesInfirmery.org](mailto:OurTransHome@StJamesInfirmery.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



# Our Trans Home SF

transhomesf.org

**Please answer the following questions to the best of your ability. If you need assistance please e-mail [ourtranshome@stjamesinfirmary.org](mailto:ourtranshome@stjamesinfirmary.org) or drop in to St. James Infirmary at 730 Polk Street in San Francisco on any Monday during business hours:**

Name (you go by): \_\_\_\_\_

Name (on ID, if different): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you trans, non-binary, gender non-conforming, or intersex?

- Yes
- No

Which program are you applying for?

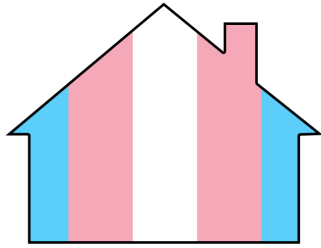
- Bobbi Jean Baker House
- Rental Subsidy Program

Are you currently experiencing homelessness?

- Yes
- No

If you are currently homeless, where are you staying?

- On the street
- In a car
- In a shelter
- In a residential treatment facility or transitional housing program
- In a hotel
- With a friend or family member
- Not Listed: \_\_\_\_\_



# Our Trans Home SF

transhomesf.org

If you are not currently experiencing homelessness, are you at risk of eviction?

- Yes
- No

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

---

---

---

---

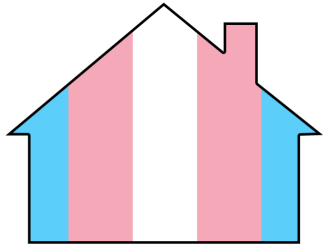
## **Income**

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
- Supplemental Security Income (SSI)
- Social State Disability Insurance (SSDI)
- CalWORKS
- County Adult Assistance Program (CAAP)
- Cash Assistance Linked to Medi-Cal (CALM)
- Cash Assistance Program for Immigrants (CAPI)
- Refugee Cash Assistance
- Financial Aid (student)
- Not Listed: \_\_\_\_\_



# Our Trans Home SF

transhomesf.org

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
- Bank Statements
- Unemployment award letter
- SSI award letter
- SSDI award letter
- CalWORKS award letter
- CAAP/CALM/CAPI award letter
- Financial Aid award letter
- Not Listed: \_\_\_\_\_

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

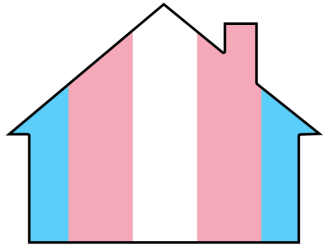
- Medi-Cal
- Medicare
- CalFresh (food stamps)
- Not Listed: \_\_\_\_\_

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



# Our Trans Home SF

transhomesf.org

## Demographics

Which best describes your race and/or ethnicity? (Check all that apply)

### Indigenous

- American Indian/Native American (Specific Group: \_\_\_\_\_)
- Indigenous from Mexico, the Caribbean, Central America or South America (Specific Group: \_\_\_\_\_)
- Other Indigenous: \_\_\_\_\_

### Asian

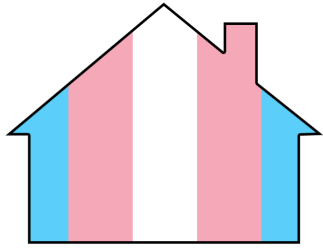
- Chinese
- Filipinx
- Japanese
- Korean
- Mongolian
- Central Asian
- South Asian
- Southeast Asian
- Other Asian: \_\_\_\_\_

### Latinx

- Caribbean
- Central American
- Mexican
- South American
- Other Latinx: \_\_\_\_\_

### Black

- African
- African American
- Caribbean, Central American, South American or Mexican
- Other Black: \_\_\_\_\_



# Our Trans Home SF

transhomesf.org

## Middle Eastern/West Asian or North African

- North African
- West Asian
- Other Middle Eastern or North African: \_\_\_\_\_

## Pacific Islander

- Chamorro
- Native Hawaiian
- Samoan
- Other Pacific Islander: \_\_\_\_\_

## White

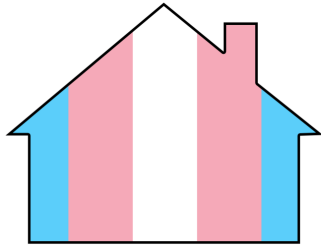
- European
- Other White: \_\_\_\_\_

## What is your primary language spoken at home?

- Chinese (Cantonese)
- Chinese (Mandarin)
- English
- Filipinx
- Russian
- Spanish
- Vietnamese
- Not Listed (Please Specify): \_\_\_\_\_

## What is your gender? (Check all that apply)

- Cis Woman
- Cis Man
- Genderqueer or Non-Binary
- Trans Woman
- Trans Man
- Not Listed: \_\_\_\_\_
- Decline to Answer



# Our Trans Home SF

transhomesf.org

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

- Bisexual
- Gay, Lesbian, or Same-Gender Loving
- Questioning or Unsure
- Straight or Heterosexual
- Not Listed: \_\_\_\_\_
- Decline to Answer

Are you a veteran?

- Yes
- No

**If you are applying for the Rental Subsidy Program, please complete this section.  
If not, please skip down to the “Certification” section.**

What kind of rental subsidy are you requesting?

- One-time emergency assistance
  - Overdue rent
  - Next month’s rent
  - Security deposit for move in
- On-going monthly assistance

If applicable, please provide your landlord’s information:

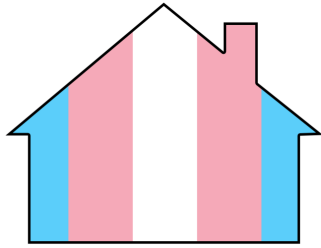
Landlord Name: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_ Landlord Email: \_\_\_\_\_

Landlord Mailing Address For Rent Check (please verify to avoid delays in payment):

\_\_\_\_\_

Your Address: \_\_\_\_\_



# Our Trans Home SF

transhomesf.org

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 signed rental agreement *and* a copy of your landlord's W9\*\***

## Certification

I hereby certify that, to the best of my knowledge, the above statements are true and correct. I understand this information is subject to verification.

---

*Printed Name*

---

*Signature*

*Date*