



SAN FRANCISCO  
PLANNING  
DEPARTMENT

# SUPPLEMENTAL INFORMATION PACKET FOR Anti-Discriminatory Housing Policy

Planning Department  
1650 Mission Street  
Suite 400  
San Francisco, CA  
94103-9425

T: 415.558.6378  
F: 415.558.6409

Pursuant to Administrative Code Section 1.61, certain housing projects must complete and submit a completed Anti-Discriminatory Housing Policy form as part of any entitlement or building permit application that proposes an increase of ten (10) dwelling units or more.

Planning Department staff is available to advise you in the preparation of this application. Call (415)558-6377 for further information.

## WHEN IS THE SUPPLEMENTAL INFORMATION FORM NECESSARY?

Administrative Code Section 1.61 requires the Planning Department to collect an application/form with information about an applicant's internal anti-discriminatory policies for projects proposing an increase of ten (10) dwelling units or more.

## WHAT IF THE PROJECT SPONSOR OR PERMITTEE CHANGE PRIOR TO THE FIRST ISSUANCE OF CERTIFICATE OF OCCUPANCY?

If the permittee and/or sponsor should change, they shall notify the Planning Department and file a new supplemental information form with the updated information.

## HOW IS THIS INFORMATION USED?

The Planning Department is not to review the responses other than to confirm that all questions have been answered. Upon confirmation, the information is routed to the Human Rights Commission.

For questions about the Human Rights Commission (HRC) and/or the Anti-Discriminatory Housing Policy, please call (415) 252-2500 or email [hrc.info@sfgov.org](mailto:hrc.info@sfgov.org).

All building permit applications and/or entitlements related to a project proposing 10 dwelling units or more will not be considered complete until all responses are provided.

## WHAT PART OF THE POLICY IS BEING REVIEWED?

The Human Rights Commission will review the policy to verify whether it addresses discrimination based on sexual orientation and gender identity. The policy will be considered incomplete if it lacks such protections.

## WILL THE ANSWERS TO THE QUESTIONS EFFECT THE REVIEW OF MY PROJECT?

The Planning Department's and Planning Commission's processing of and recommendations or determinations regarding an application shall be unaffected by the applicant's answers to the questions.

## INSTRUCTIONS:

The attached supplemental information form is to be submitted as part of the required entitlement application and/or Building Permit Application. This application does not require an additional fee.

Answer all questions fully and type or print in ink. Attach additional pages if necessary.

Please see the primary entitlement application or Building Permit Application instructions for a list of necessary materials required.

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**SAN FRANCISCO  
PLANNING  
DEPARTMENT**

**FOR MORE INFORMATION:  
Call or visit the San Francisco Planning Department**

**Central Reception**  
1650 Mission Street, Suite 400  
San Francisco CA 94103-2479

TEL: **415.558.6378**  
FAX: **415 558-6409**  
WEB: **<http://www.sfplanning.org>**

**Planning Information Center (PIC)**  
1660 Mission Street, First Floor  
San Francisco CA 94103-2479

TEL: **415.558.6377**  
*Planning staff are available by phone and at the PIC counter.  
No appointment is necessary.*

# SUPPLEMENTAL INFORMATION FOR Anti-Discriminatory Housing Policy

## 1. Owner/Applicant Information

PROPERTY OWNER'S NAME:	
PROPERTY OWNER'S ADDRESS:	TELEPHONE: (    )
	EMAIL:

APPLICANT'S NAME:	
Same as Above <input type="checkbox"/>	
APPLICANT'S ADDRESS:	TELEPHONE: (    )
	EMAIL:

CONTACT FOR PROJECT INFORMATION:	
Same as Above <input type="checkbox"/>	
ADDRESS:	TELEPHONE: (    )
	EMAIL:

COMMUNITY LIAISON FOR PROJECT (PLEASE REPORT CHANGES TO THE ZONING ADMINISTRATOR):	
Same as Above <input type="checkbox"/>	
ADDRESS:	TELEPHONE: (    )
	EMAIL:

## 2. Location and Project Description

STREET ADDRESS OF PROJECT:		ZIP CODE:
CROSS STREETS:		
ASSESSORS BLOCK/LOT: /	ZONING DISTRICT:	HEIGHT/BULK DISTRICT:

PROJECT TYPE: (Please check all that apply)	EXISTING DWELLING UNITS:	PROPOSED DWELLING UNITS:	NET INCREASE:
<input type="checkbox"/> New Construction			
<input type="checkbox"/> Demolition			
<input type="checkbox"/> Alteration			
<input type="checkbox"/> Other: _____			

# Compliance with the Anti-Discriminatory Housing Policy

1. Does the applicant or sponsor, including the applicant or sponsor's parent company, subsidiary, or any other business or entity with an ownership share of at least 30% of the applicant's company, engage in the business of developing real estate, owning properties, or leasing or selling individual dwelling units in States or jurisdictions outside of California?  YES  NO

1a. If yes, in which States? \_\_\_\_\_  
\_\_\_\_\_

- 1b. If yes, does the applicant or sponsor, as defined above, have policies in individual States that prohibit discrimination based on sexual orientation and gender identity in the sale, lease, or financing of any dwelling units enforced on every property in the State or States where the applicant or sponsor has an ownership or financial interest?  YES  NO

- 1c. If yes, does the applicant or sponsor, as defined above, have a national policy that prohibits discrimination based on sexual orientation and gender identity in the sale, lease, or financing of any dwelling units enforced on every property in the United States where the applicant or sponsor has an ownership or financial interest in property?  YES  NO

*If the answer to 1b and/or 1c is yes, please provide a copy of that policy or policies as part of the supplemental information packet to the Planning Department.*

Human Rights Commission contact information  
**[hrc.info@sfgov.org](mailto:hrc.info@sfgov.org) or (415)252-2500**

## Applicant's Affidavit

Under penalty of perjury the following declarations are made:

- a: The undersigned is the owner or authorized agent of the owner of this property.
- b: The information presented is true and correct to the best of my knowledge.
- c: Other information or applications may be required.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name, and indicate whether owner, or authorized agent:

\_\_\_\_\_  
Owner / Authorized Agent (circle one)

## PLANNING DEPARTMENT USE ONLY

### PLANNING DEPARTMENT VERIFICATION:

- Anti-Discriminatory Housing Policy Form is **Complete**
- Anti-Discriminatory Housing Policy Form is **Incomplete**

Notification of Incomplete Information made:

To: \_\_\_\_\_ Date: \_\_\_\_\_

BUILDING PERMIT NUMBER(S):	DATE FILED:
RECORD NUMBER:	DATE FILED:
VERIFIED BY PLANNER:	
Signature: _____	Date: _____
Printed Name: _____	Phone: _____
ROUTED TO HRC:	DATE:
<input type="checkbox"/> Emailed to: _____	