



City and County of San Francisco
 San Francisco Public Works · Bureau of Street Use and Mapping
 Bruce R. Storrs, City and County Surveyor
 1155 Market Street, 3rd Floor · San Francisco, CA 94103
 Tel 415-554-5827 · Fax 415-554-5324
Subdivision.Mapping@sfdpw.org



REQUEST FOR REFUND

EXPEDITED CONVERSION PROGRAM – LIFE TIME LEASE

Please complete **ONE** Request for Refund per property. **Only ONE refund check will be issued per project.**
 Complete the necessary information below for DPW to issue a refund.

Date: _____ Project ID Number: _____

Assessor's Block / Lot Number: _____ Property Address: _____

No. of Units in Property: _____ Number of Unit(s) Offered Life-Time Lease: _____

Property owner's names (Please print):

Property owner's signatures:

Make refund check payable to (Please print clearly):

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

FOR DPW USE ONLY

Original Check No. _____ Date on Check _____

Recommended By:

Approved By:

Date: _____

 Office Manager

 Section Manager

Amount: _____

REFUND – LIFE TIME LEASE

EXPEDITED CONVERSION PROGRAM

Compliance with Section 1396.4(h) of the San Francisco Subdivision Code

Required for ALL owners of record

Project ID Number: _____ Assessor's Block / Lot Number: _____

Property Address: _____ No. of Units in Property: _____

Number of Unit(s) Offered Life-Time Lease: _____

I, _____, hereby certify under penalty of perjury that the following is true
(Print Full Name)
and correct to the best of my knowledge:

In recognition of the rental requirements of Section 1396.4(g), the fee for each unit in which a non-purchasing tenant resides at the time specified in Section 1396.4(g) who is offered a life time lease and is unrelated by blood, marriage, or domestic partnership to any owner of the building, shall be refunded to the subdivide.

I understand that I am affirming under penalty of perjury to the truthfulness of the claims made in this request for refund and that the punishment for knowingly making a false statement may include denial of the condominium conversion subdivision, fines, and/or imprisonment.

Date: _____ Signature _____

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)

County of _____)

On _____ before me, _____, Notary Public,
Date Name of Officer

personally appeared _____,
Name(s) of Signer(s)

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 of Notary Public

(Notary Seal)