



Housing Supplement and Tenant Income Form

Project Application No.: _____

This form is required for **all** residential developments that are proposing to construct a single residential dwelling unit and/or properties that contain existing residential structures, regardless of use or occupancy. The information provided in this form assists City staff with annual reporting requirements and compliance verification of applicable State replacement housing laws.

1. How many residential dwelling units exist, or existed, on site in the preceding five years from the date of application? _____

Please complete the table to indicate the dwelling unit configuration (proposed and existing) and specify if they will be demolished.

Bedroom Count	Number of Units	Units to be Demolished
Studio		
1-bedroom		
2-bedroom		
3-bedroom		
4-bedroom		
5-bedroom		
Total		

2. How are the existing units utilized? (Check all that apply)

- Owner Occupied (No.) units _____ Renter Occupied (No.) units _____
- N/A (Existing units will not be demolished)

If the existing unit(s) are Renter Occupied, then please complete the Tenant Income portion of this form for each unit's current tenant, or the tenant who most recently occupied the unit at the time of application submittal (within the 5 years). If the existing unit(s) are Owner Occupied, then the Tenant Income portion of this form is not required.

3. Please complete the table:

Please note: A "yes" response to the items below deems the unit as "protected" as defined in [Gov. Code § 66300.5\(h\)](#).

Are the unit(s) subject to any of the following:	Yes or No	If Yes, provide unit information (Number of unit(s), bedroom count, demolished).
Subject to a recorded covenant, ordinance or law restricting rents to levels affordable to low- or very low-income households?		
Subject to any form of rent or price control?		
Withdrawn from rent or lease under the Ellis Act within the last 10 years?		

4. How many housing units will be created by the proposed project? _____

Please note: The project must create at least as many units as will be demolished pursuant to [\[Gov. Code § 66300.6\(a\)\]](#).

5. How will the housing units created by the proposed project be utilized? (Check all that apply)

- Owner Occupied Renter Occupied Combination - Specify Unit Occupancy

6. What is the anticipated monthly rental rate for the Renter Occupied unit? _____

Please note: The information provided to the City in response to question six is not a restriction and it does not preclude the amount identified from being modified in the future.

TOTAL ASSETS VALUE		
Type of Asset	Name of Household Member	Balance of Account or Cash Value of Asset
Checking Account		
Savings Account		
Retirement Account		
Other		
Total Assets Value:		\$
If sum of Total Assets Value exceeds \$50,000, multiply the sum by HUD Passbook Rate for Imputed Income	Current Passbook Rate: .40%	Sum of Total Assets Value x 0.004 = Imputed Income amount
SUM OF ANNUAL INCOME AND ASSETS VALUE =		

CERTIFICATION

APPLICANT CERTIFICATION

I/We, _____ (name) have read the information submitted above and certify that the information is accurate and complete to my/our knowledge.

Name

Signature

Date

Name

Signature

Date

TENANT CERTIFICATION

I/We, _____ (name) certify that I/we currently reside at _____ (address), and that my/our household's **annual gross income** is \$_____ and my/our monthly rental payment is \$_____. I/We have read the information submitted above and certify that the information is accurate and complete to my/our knowledge. I/We understand that persons living in this residence may be eligible for relocation and housing assistance, and additional documentation may be requested to determine my/our eligibility.

Name

Signature

Date

Name

Signature

Date

CERTIFICACIÓN

CERTIFICACIÓN DEL SOLICITANTE

Yo/nosotros, _____ (nombre) hemos leído la información presentada anteriormente y certifico que la información es precisa y completa según mi/nuestro conocimiento.

Nombre

Firma

Fecha

Nombre

Firma

Fecha

CERTIFICACIÓN DE INQUILINO

Yo/nosotros, _____ (nombre) certifico que yo/nosotros residimos actualmente en _____ (dirección), y que el **ingreso bruto anual** de mi/nuestro hogar es \$_____ y mi/nuestro pago mensual de alquiler es \$_____. Yo/nosotros hemos leído la información presentada anteriormente y certifico que la información es precisa y completa según mi/nuestro conocimiento. Yo/nosotros entendemos que las personas que viven en esta residencia pueden ser elegibles para asistencia de reubicación y vivienda, y se puede solicitar documentación adicional para determinar mi/nuestra elegibilidad.

Nombre

Firma

Fecha

Nombre

Firma

Fecha