HS

Application No.: _____

Housing Supplement

Required For All New Residential Developments Containing Existing Residential Structures, Regardless of Use or Occupancy.

1. How many housing units (occupied or unoccupied) currently exist on the site? ____
How many of the existing units will be demolished by the proposed project? ____
How many housing units will be created by the proposed project? ____

(G.C. Section 66300(d)(1) requires the project to create at least as many units as will be demolished.)

Bedroom Count	Number of Units	Units to be Demolished
1-bedroom (incl. studios)		
2-bedroom		
3-bedroom		
4-bedrooms		

** For larger units, attach additional unit counts and information.*

2. For **all** housing units that existed on the site during the five-year period preceding the application date (including vacant and demolished units), identify the following units: ("protected" units as defined in California Government Code *G.C. Section 66300(d)(2)(F)(iv)*):

a. Restricted Affordable Lower Income Units: Indicate the number of units by bedroom count on the site for that were at any time subject to a recorded covenant, ordinance, or law that restricted rents or prices to be affordable to lower or very low-income households during the five-year period preceding the application date.

Bedroom Count	Number of Units	Units to be Demolished
1-bedroom (incl. studios)		
2-bedroom		
3-bedroom		
4-bedrooms		

** For larger units, attach additional unit counts and information.*

b. Units Subject to Rent Control or Price Control: Indicate the number of units by bedroom count on the site that have been subject to rent control (whether state or local law) during the five-year period preceding the application date.

Bedroom Count	Number of Units	Units to be Demolished
1-bedroom (incl. studios)		
2-bedroom		
3-bedroom		
4-bedrooms		

** For larger units, attach additional unit counts and informati*

c. All Occupied Units; Incomes of Existing Tenants: Provide documentation of the current incomes for each household now occupying units on the site, by bedroom count. Please complete a **Tenant Income Form** for each unit. If incomes are unknown, please indicate.

Bedroom Count	Number of Units	Units to be Demolished	Tenant Income Form (Y/N)
1-bedroom (incl. studios)			
2-bedroom			
3-bedroom			
4-bedrooms			

** For larger units, attach additional unit counts and information.*

d. All Unoccupied Units; Incomes of Former Tenants: Indicate the number of units by bedroom count, which have been unoccupied, on the site during the five-year period preceding the application date and provide documentation of the income(s) of the last household(s) occupying each unit, by bedroom count. Please complete a **Tenant Income Form** for each unit. If the household incomes are unknown, please indicate.

Bedroom Count	Number of Units	Units to be Demolished	Tenant Income Form (Y/N)
1-bedroom (incl. studios)			
2-bedroom			
3-bedroom			
4-bedrooms			

** For larger units, attach additional unit counts and information.*

e. All Demolished Units; Incomes of Former Tenants: Indicate the number of units by bedroom count, which have been demolished during a five-year period preceding the application date and provide documentation of the income(s) of each household(s) occupying each unit at the time when the maximum number of units existed on the site. Please complete a **Tenant Income Form** for each unit. If household incomes are unknown, please indicate.

Bedroom Count	Number of Units	Units Demolished	Tenant Income Form (Y/N)
1-bedroom (incl. studios)			
2-bedroom			
3-bedroom			
4-bedrooms			

** For larger units, attach additional unit counts and information.*

f. Identify any housing units, by bedroom count, withdrawn from rent or lease under the Ellis Act in the past 10 years. These are also "protected" units.

Bedroom Count	Number of Units	Units to be Demolished
1-bedroom (incl. studios)		
2-bedroom		
3-bedroom		
4-bedrooms		

** For larger units, attach additional unit counts and information.*

Application No.: _____

Housing Supplement - Tenant Income Form

****** IMPORTANT – PLEASE READ ******

California State Law *(G.C. Section 66300 et. seq.)* requires that when a development proposes to remove existing residential units, that at the minimum, the development replace those housing units.

Additionally, State Law provides that certain households residing in those existing housing units may be eligible for relocation and housing assistance. This form will help determine your household's eligibility, so it is very important that this form be completed accurately and completely, including applicable documentation.

If you have any questions or need assistance with completing this form, please contact the Housing Hotline at (760) 633-2723 or housing@encinitasca.gov.

ADDRESS:			**BEDROOM COUNT**	
RENT:		**INCLUDED UTILITIES**	WATER SEWER TRASH GAS/ELECTRICITY	

HOUSEHOLD COMPOSITION				
			OPTIONAL	
	Name	Age	Race	Ethnicity (Hispanic/Non-Hispanic)
1				
2				
3				
4				
5				

Household income includes the combined gross income of <u>each</u> adult (over 18 years) household member. Source documentation is required. Please check applicable source(s) and include recent documentation. Additional documentation may be requested.

- ☐ W2
- ☐ Pay Stubs (3 recent months)
- ☐ Social Security/Supplementary Income
- ☐ Unemployment or Public Assistance
- ☐ Profit/Loss Statement – Self Employment (6 recent months)

GROSS ANNUAL INCOME				
Name	Employment/Wages	Soc. Security/Pension	Public Assistance/ Unemployment	Other Income
TOTALS	$	$	$	$
			Add totals from above:	$

ASSETS			
Name	Asset Type (Checking, Savings, 401k, etc….)	Cash Value of Asset	Annual Income From Asset (Interest or Dividends)
	TOTALS:	**$**	**$**
If Total Cash Value of All Assets Exceeds $5,000, Multiply by HUD Passbook Rate for Imputed		Passbook Rate X Currently **.80%** = Imputed Income	**$**
		Add totals from above: Add greater of Actual Income or Imputed Income from Assets	**$**
		Total Annual Household Income from all Sources:	$

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

Número de Solicitud.: _____

Suplemento de Vivienda - Formulario de Ingresos del Inquilino

****** IMPORTANTE - POR FAVOR LEA ******

La Ley del Estado de California *(G.C. Section 66300 et. seq.)* requiere que cuando un desarrollo proponga eliminar unidades residenciales existentes, como mínimo, el desarrollo reemplace esas unidades de vivienda.

Además, la ley estatal establece que ciertos hogares que residen en esas unidades de vivienda existentes pueden ser elegibles para asistencia de reubicación y vivienda. Este formulario ayudará a determinar la elegibilidad de su hogar, por lo que es muy importante que este formulario se complete de manera precisa y completa, incluida la documentación correspondiente.

Si tiene alguna pregunta o necesita ayuda para completar este formulario, comuníquese con Housing Hot-Hotline al (760)633-2723 o housing@encinitasca.gov.

DIRECCIÓN:				**HABITACIONES:**	
RENTA:		**UTILIDADES INCLUIDAS:**	AGUA ALCANTARILLA BASURA GAS/ELECTRICIDAD		

COMPOSICIÓN DEL HOGAR				
			Opcional	
	Nombre	Edad	Raza	Etnicidad (hispano/no hispano)
1				
2				
3				
4				
5				

El ingreso familiar incluye el ingreso bruto combinado de <u>cada</u> miembro adulto (mayor de 18 años) del hogar. Se requiere documentación de origen. Marque los documentos correspondientes e inclúyalos. Se puede solicitar documentación adicional.

☐ W2

☐ Seguridad Social/Security/Renta Complementaria

☐ Estado de ganancias/pérdidas: Propio Empleo (6 últimos meses)

☐ Recibos de pago (3 meses recientes)

☐ Desempleo o Asistencia Pública

INGRESO BRUTO ANUAL				
Nombre	Empleo o Salarios	Seguro Social/Pensiones	Asistencia Pública	Otros Ingresos
TOTALS	$	$	$	$
			Agregar totales desde arriba:	$

INGRESOS DEL ACTIVO			
Nombre	Tipo de Activo (Cheques, Ahorros, 401k, etc.…)	Valor en Efectivo del Activo	Renta Anual de Activos (Intereses o Dividendos)
	TOTALS:	**$**	**$**

Si el valor total en efectivo de todos los activos supera los $5,000, multiplique el total por la tasa de la libreta de HUD para calcular el ingreso imputado	Tasa de Libreta X Actual **.80%**	= Imputado Ingreso	**$**
Agregar totales desde arriba: (Agregue el ingreso real o el ingreso imputado del activo al ingreso total)			**$**
Ingreso familiar anual total de todas las fuentes:			$

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

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