AFFORDABLE HOUSING COMPLIANCE PLAN

Please fill out this form and submit with your application for new development to the Housing Division. This completed form is an item to determine application completeness.

SECTION 1: GENERAL INFORMATION

1a. Applican	t Information			
Company Name:	E-mail:			
	Phone No.:			
Mailing Address (Street, City, State, Zip Cod	de) :			
Contact Name:	E-mail:			
	Phone No.:			
1b. Project	Information			
Project Name:	Project Address(es):			
Project APN:	Planning App. No. (if known):			
1c. Projection	ct Details			
1. Number of Residential Buildings:				
2. Total Number of Project Units:				
3. Housing Project Type: • For Sale				
• Rental				
	ale and Rental			
4. Will the proposed project lead to the demolition of any existing rental units? Rental units: any units rented, advertised for rent, or offered for rent within the last five years. Yes No				
If yes, complete the replacement requirement supplement.				
5. Are you pursuing a Parcel or Tentative Map with the project? Yes N				
6. Are you pursuing a density bonus?		Yes No		

1d. Exemptions						
Are you building a 100% "deed restricted" affordable development? Yes No						
Are you	Are you building an accessory dwelling unit (ADU)? Yes No					
Are you	remode	ling an existing	single-family hom	ne?	Yes No	
_			ily home on a lot p	oreviously occu	pied by a single-	
family l		Yes Yes	No No	o arount from the F	BMR Program. Please	
			questions, you may be 3-6379 before continu		ovik Frogram. Fleuse	
SECTIO	N 2: Aff	ORDABLE HOUSING	G COMPLIANCE			
		2a. Affor	dable Housing Co	ompliance		
			posed Compliance ive Procedures, Section .			
		g units on-site	ive Procedures, Section s	5, jor more injormati	on.	
		<u> </u>	d paying fractiona	l fee for unit less	s than 0.5	
			(7) units paying a			
	Alterna	tive Mitigation:				
		ing an alternative m native Mitigation Sı	itigation, complete Sec Inplement	ctions 2b and 2c of t	this section only and	
	the Titter	munice tvinizunion on	ippiemeni.			
		Duorido informad	2b. Unit Mix	4h o doual amma	. t	
			tion for all units in with same column titles	±		
Unit Ty	pe/Plan	No. of Bedrooms	Living Sq. Ft.	No. of Units	Total Square Feet	
		Deditoonis			Square reet	
		I	Totals			

Projects of less than seven (7) units that are eligible to pay a fractional in-lieu fee are not required to complete sections 2c, 2d, and 2e, unless they will be providing affordable units onsite.

2c. Affordable Unit Calculations Summary Table			
Attach a written description detailing how you arrived at the calculations.			
Replacement Requirements (complete replacement requirement sup	oplement)		
Total Replacement Requirement (Units)			
VLI Replacement Requirement			
LI Replacement Requirement			
Replacement Requirement (Bedrooms)			
Total Affordable Units In Project			
(replacement units + any additional BMR units)			
Density Bonus			
Base Units			
Density Bonus Percentage	%		
Density Bonus Units			
Total Project Units (Base Units + Density Bonus Units)			
BMR Program			
BMR Requirement			
BMR Weighted Average	%		

2d. AMI Level Information See BMR Administrative Procedures, Section 4, for more information.					
AMI Level	Number of Units @ AMI Level	Percentage of Units @ AMI			
Total Affordable Units					
Weighted Average	(Sum of percentage column)				
For Townhouse and Rowhou additional 10% requirement at a	,				
AMI Level (A)	Number of Units @ AMI Level (B)	Percentage of Units @ AMI (C=(A/B)/D)			
	X 7				
Total Affordable Units (D)					
Weighted	Average (Sum of Column C)				
Please attach the following it	ems:				
	site maps indicating the pre footage for both the BMR	proposed location within the and market-rate units.			
Construction and comp	oletion schedule of all BMR a	and market-rate units.			
Phasing of BMR units (if applicable).					
Comparison of bedroo units and on-site BMR		amenities for the market-rate			
☐ For Ownership Projects Only: If providing units below 80 percent AMI, provide the anticipated initial HOA dues rate per household for the project.					

2e. BMR Unit Information

Provide as much information as known at time of application. BMR unit mix will be finalized prior to execution of BMR Agreement, but should reflect this chart to a significant degree.

Unit No./Lot No.	Tenure (Rent/For-Sale)	No. of Bedrooms	Square Footage	Affordability Level

AFFORDABLE HOUSING COMPLIANCE PLAN: REPLACEMENT REQUIREMENT SUPPLEMENT

Complete the information below for each existing rental unit that is proposed to be demolished on the project site.

					Select the category that most applies to each unit.			
Unit Number	Number of Bedrooms in unit?	Number of individuals in household.	Date last occupied or advertised for rent.	What is the income of the current or most recent household? Insert unknown if the income is unknown.	Category 1: Rental units from 1995 or older, excluding single- family homes, condos, duplexes, short-term rentals, and medical care facilities (CSFRA- covered units).	Category 2: The unit has been deed-restricted affordable in the last 5 years.	Category 3: Low- or Very Low-income tenants have lived in the unit in the last 5 years.	Category 4: The unit has been removed using the Ellis Act in the last 10 years.
					,			

AFFORDABLE HOUSING COMPLIANCE PLAN: ALTERNATIVE MITIGATION SUPPLEMENT

See BMR Administrative Procedures, Section 10, for more information.

Indicate the type of proposed alternative mitigation:					
1. In-lieu fee payment	2. Off-site dev	elopment	3. Land dedication		
4. Other: Provide a br	ief overview.				
	1. Dedication of Land				
Site APN No(s).:	Site APN No(s).: Parcel Size(s):				
Site Address(es):					
Unit Capacity On-Site:		Developa	ble Area(s):		
Please attach the following items:					
Environmental Conditions Reports (ex., Phase I and/or Phase II reports)					
Site Infrastructure Development Plan					
Comprehensive Budget					
Please attach a narrative demonstrating how the dedication of land will:					
Exceed minimum affordability requirements of the program					
Advance other City goals for housing					

2. Providing Units Off-Site				
Site APN No(s).:		Site Address(es):		
General Plan Land Use Designation:		Number of Units Provided:		
Type of Project: Ren	ntal Owne	ership		
Adjacent Land Uses:				
		Information	4	
AMI Level (A)		of Units Level (B)	Percentage of Units @ AMI (C=(A/B)/D)	
(11)	W THVII	Level (D)		
Total Affordable Units (D)				
Weight	ted Average (Sun	n of Column C)		
Please attach the following items: Environmental Conditions Report Parcel map indicating size, location, number of bedrooms, and square footage Construction and completion schedule Phasing of units in comparison to market-rate units Comparison of bedrooms, fixtures, and amenities Please attach a narrative demonstrating how providing units off-site will:				
Exceed minimum affordal	, ,	•		
• Advance other City goals for housing, highlighting how the location of the off-site units is consistent with these goals.				
3. Payment of In-lieu Fee				
Proposed in-lieu fee amount:				
Proposed timing of payment:				
 Please attach a narrative demonstrating how paying the in-lieu fee will complete one or more of the following objectives: Create more affordable units and/or deeper affordability levels than providing the units on-site. Create affordable housing for special-needs populations. 				

• Demonstrate time value of payment.

• Help 100 percent affordable housing projects in the City's pipeline move forward.

4. Other:

Please attach a narrative demonstrating how the proposed mitigation will complete one or more of the following objectives:

- Create more affordable units and/or deeper affordability levels than providing the units on-site.
- Create affordable housing for special-needs populations.
- Help 100 percent affordable housing projects in the City's pipeline move forward.
- Demonstrate time value of payment.