**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT**
**Division of Housing Policy Development**
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September 5, 2003

**MEMORANDUM FOR**: Local Redevelopment Agency Officials

**FROM**: Cathy E. Creswell, Deputy Director
**Division of Housing Policy Development**

**SUBJECT: Reporting Forms (Schedules HCD-A, B, C, D1-D7 and E)**

Attached are reporting forms to fulfill the annual reporting requirements on the status and use of the low- and moderate-income housing funds (Low-Mod funds) and housing activities for FY 2002-03. These forms can be downloaded at our website (http://www.hcd.ca.gov/rda) or a word version of the forms can be e-mailed to you.

Many agencies electronically report data using Department of Housing and Community Development's (HCD) RDA On-Line System Generated Reports in place of submitting paper forms. On-line reporting enables agencies to self-report, print "summary data" similar to data that HCD publishes in its annual report on Redevelopment Housing Activities, and provides agencies the opportunity to review and correct data before submittal to HCD for publication.

State law requires redevelopment agencies (RDA) to report their findings by December 31, 2003, (if the agency's FY ended June 30), or within six months of the agency's FY end. Pursuant to Health and Safety Code sections (Section 33080, et.al.), HCD is required to annually report to the Legislature on the source, use, and status of redevelopment agencies' Low-Mod funds and agency housing activities. You may download the code sections at http://www.leginfo.ca.gov/calaw.html.

All RDAs, regardless of status (new, inactive, etc.) or choice of reporting method (electronic or forms), must at least complete the attached HCD cover sheet. Return the cover sheet (and, if applicable, completed schedules) to the State Controller (SCO) **no later than December 31, 2003 (if the agency's FY ended June 30).** To fulfill the reporting requirements, please follow the guidelines listed below:

1. Cover sheet. Report general information and identify the schedules required to be completed.
2. Please answer each line item or state "not applicable" (N/A) or "none" where a line item does not apply or there was no activity.
3. Report dates numerically (e.g., report June 30, 2003 as 6/30/2003).
4. Round amounts to nearest dollar and ensure total fund equity is consistent with that reported to SCO.

**Please note the opportunity for agency recognition (Item 21 of Schedule HCD-C). It is important to showcase your agency's affordable housing projects or programs conducted over the reporting year.** HCD will highlight a variety of agencies' housing programs and projects that reflect the important role of agencies and the service they provide to communities, in its annual report. Agencies can also nominate exemplary projects or programs for the Director's Housing Excellence Award.

If you desire assistance in completing the agency's HCD report, please call or e-mail either Rita Levy at (916) 324-9629/rlevy@hcd.ca.gov or Angela Torrens at (916) 324-6764/atorrens@hcd.ca.gov and/or access the Guidelines for Completing HCD Redevelopment Forms on our website.

Attachments

HCD REPORT OF REDEVELOPMENT AGENCY HOUSING ACTIVITY FOR
FY ENDING: _____/_____/_____

Agency Name and Address: _____ County of Jurisdiction: _____

_____

_____

Health & Safety Code Section 33080.1 requires agencies to annually report on their Low & Moderate Income Housing Fund and housing activities for the Department of Housing and Community Development (HCD) to annually report on agencies' activities in accordance with Section 33080.6. Section 33080.3 specifies agencies must send this form, HCD Schedules, and an Audit report to the State Controller

Please answer each question below. Your answers determine which HCD SCHEDULES must be completed in order for the agency to fulfill the statutory requirement to report LMIHF housing activity and fund balances for the reporting period.

1. Check one of the items below to identify the Agency's status at the end of the reporting period:
   - ☐ New (Agency formation occurred during reporting year. No financial transactions were completed).
   - ☐ Active (Financial and/or housing transactions occurred during the reporting year)
   - ☐ Inactive (No financial and/or housing transactions occurred during the reporting year). ONLY COMPLETE ITEM 7
   - ☐ Dismantled (Agency adopted an ordinance to dissolve itself). ONLY COMPLETE ITEM 7
2. How many adopted project areas did the agency have during the reporting period? _____
   How many project areas were merged during the reporting period? _____
   If the agency has one or more adopted project areas, complete SCHEDULE HCD-A for ***each project area***.
   If the agency has no adopted project areas, DO NOT complete SCHEDULE HCD-A.
3. Within an area outside of any adopted redevelopment project area(s): (a) did the agency destroy or remove any dwelling units or displace any households over the reporting period, (b) does the agency intend to displace any households over the next reporting period, (c) did the agency permit the sale of any owner-occupied unit prior to the expiration of land use controls over the reporting period, and/or (d) did the agency execute a contract or agreement for the construction of any affordable units over the next two years?
   - ☐ Yes (any question). Complete SCHEDULE HCD-B.
   - ☐ No (all questions). DO NOT complete SCHEDULE HCD-B.
4. Did the agency have any funds in the Low & Moderate Income Housing Fund during the reporting period?
   - ☐ Yes. Complete SCHEDULE HCD-C.
   - ☐ No. DO NOT complete SCHEDULE HCD-C.
5. During the reporting period, were housing units completed within a project area and/or assisted by the agency outside a project area?
   - ☐ Yes. Complete all applicable HCD SCHEDULES D1-D7 for ***each housing project completed*** and HCD SCHEDULE E.
   - ☐ No. DO NOT complete HCD SCHEDULES D1-D7 or HCD SCHEDULE E.
6. Indicate whether HCD financial and housing activity information has been reported using method A and/or B checked below:
   - ☐ A. Forms. All required HCD SCHEDULES A, B, C, D1-D7, and E are attached.
   - ☐ B. On-line (*http://www.hcd.ca.gov/rda/)* "Lock Report" date:_____. HCD SCHEDULES not required.
     *(lock* date is shown under *"Admin" Area and "Report Change History")*
7. To the best of my knowledge: (a) the representations made above and (b) agency information reported are correct.

_____ Date

_____ Signature of Authorized Agency Representative

_____ Title

_____ Telephone Number

***IF NOT REQUIRED TO REPORT, SUBMIT ONLY THIS PAGE.***

***IF REQUIRED TO REPORT, SUBMIT THIS PAGE AND:***
***APPLICABLE HCD FORMS (SCHEDULES A-E) and/or PROOF OF ELECTRONIC REPORTING***

***SUBMIT THIS AND ALL OTHER FORMS WITH A COPY OF THE AUDIT REPORT TO THE STATE CONTROLLER:***
***Division of Accounting and Reporting***
***Local Government Reporting Section***
***P.O. Box 942850, Sacramento, CA 94250***

**SCHEDULE HCD-A**
**Inside** Project Area Activity

for Fiscal Year that Ended _____/_____/_____

Agency Name: _____ Project Area Name: _____

Preparer's Name, Title: _____ Preparer's E-Mail Address: _____

Preparer's Telephone No: _____ Preparer's Facsimile No: _____

## GENERAL INFORMATION

1. Project Area Information

   a. 1. Year 1st plan for project area was adopted: _____
      2. Year that plan was last amended (if applicable): _____
      3. Was plan amended after 2001 to extend time limits per Senate Bill 211 (Chapter 741, Statutes of 2001)? Yes__ No__
      4. Current expiration of plan: _____/_____/_____
         mo day yr

   b. If project area name has changed, give previous name(s) or number:_____

   c. Year(s) of any mergers of the project area: _____,_____,_____,_____

      Identify former project areas that merged:_____

   d. Year(s) project area plan was amended involving real property that either:

      (1) Added property to plan: _____,_____,_____,_____

      (2) Removed property from plan: _____,_____,_____,_____

2. Affordable Housing Replacement and/or Inclusionary or Production Requirements (Section 33413).

   Pre-1976 project areas not subsequently amended after 1975: Pursuant to Section 33413(d), only Section 33413(a) replacement requirements apply to dwelling units destroyed or removed after 1995. The Agency can choose to apply all or part of Section 33413 to a project area plan adopted before 1976. If the agency has elected to apply all or part of Section 33413, provide the date of the resolution and the applicable Section 33413 requirements addressed in the scope of the resolution.

   Date: _____/_____/_____ Resolution Scope (applicable Section 33413 requirements):_____
   mo day yr
   _____
   _____

   Post-1975 project areas and geographic areas added by amendment after 1975 to pre-1976 project areas: Both replacement and inclusionary or production requirements of Section 33413 apply.

   **NOTE:**

   **Amounts to report on HCD-A lines 3a(1), 3b-3f, and 3i. can be taken from what is reported to the State Controller's Office (SCO) on the Statement of Income and Expenditures as part of the Redevelopment Agency's Financial Transactions Report, except for the reclassifying of Transfers-In from Internal Funds and the reporting of Other Sources as discussed below:**

   **Transfers-In from other internal funds: Report the amount of transferred funds on applicable HCD-A, lines 3a-j. For example, report the amount transferred from the Debt Service Fund to the Housing Fund for the deposit of the required set-aside percentage/amount by reporting gross tax increment on HCD-A, Line 3a(1) and report the Housing Fund's share of expenditures for debt service on HCD-C, Line 4c. Do not report "net" funds transferred from the Debt Service Fund on HCD-A, Line 3a(3) when reporting debt service expenditures on HCD-C, Line 4c.**

   Other Sources: Non-GAAP (Generally Acceptable Accounting Principles) revenues such as from land sales for those agencies using the Land Held for Resale method to record land sales should be reported on HCD-A Line 3d. Housing fund receipts for the repayment of loan principal should be included on HCD-A Line 3h.

Agency Name: _____ Project Area Name: _____

**Project Area Housing Fund Revenues and Other Sources**

3. Report all revenues and other sources of funds from this project area which accrued to the Housing Fund over the reporting year. Any income related to agency-assisted housing located outside the project area(s) should be reported as "Other Revenue" on Line 3j. (of this Schedule A), if this project area is named as beneficiary in the authorizing resolution. Any other revenue sources not reported on lines 3a.-3i., should also be reported on Line 3j.

   Enter on Line 3a(1) the full 100% of gross Tax Increment allocated prior to applicable pass through of funds and deductions for fees (refer to Sections 33401, 33446, & 33676). Compute the required minimum percentage (%) of gross Tax Increment and enter the amount on Line 3a(2)(A) or 3a(2)(B). Next, report the amount of Tax Increment set-aside before any exemption and/or deferral (if amount set-aside is less than required minimum (%), explain the difference). If any amount of Tax Increment was exempted or deferred, in addition to completing lines 3a(4) and/or 3a(5), complete Line 4 and/or Line 5. To determine the amount of Tax Increment deposited to the Housing Fund [Line 3a(6)], subtract allowable amounts exempted [Line 3a(4)] or deferred [Line 3a(5)] from the actual amount allocated to the Housing Fund [Line 3a(3)].

   a. Tax Increment:
      (1) 100% of Gross Allocation: $ _____
      (2) Calculate only 1 set-aside amount: either (A) or (B) below:
         (A) 20% required by 33334.2 (Line 3a(1) x 20%): $ _____
         (B) 30% required by 33333.10(g) (Line 3a(1) x 30%): $ _____
         (Senate Bill 211, Chapter 741, Statutes of 2001)
      (3) Amount of set-aside (Line 3a(2)) allocated to Housing Fund $ _____*
         * If, pursuant to Section 33334.3(i), less than the minimum % of Gross Tax Increment (see 3a(2) above) is being allocated from this project area, identify the project area(s) contributing the difference. Explain any other reason(s):
         _____
         _____
         _____
      (4) Amount Exempted [Health & Safety Code Section 33334.2]
         (if there is an amount exempted, also complete question #4, next page): ($ _____)
      (5) Amount Deferred [Health & Safety Code Section 33334.6]
         (if there is an amount deferred, also complete question #5, next page): ($ _____)
      (6) Total deposit to the Housing Fund [result of Line 3a(3) through 3a(5)]: $ _____

   b. Interest Income: $ _____
   c. Rental/Lease Income (*combine amounts separately reported to the SCO*): $ _____
   d. Sale of Real Estate: $ _____
   e. Grants (*combine amounts separately reported to the SCO*): $ _____
   f. Bond Administrative Fees: $ _____
   g. Deferral Repayments (also complete Line 5c(2) on the next page): $ _____
   h. Loan Repayments: $ _____
   i. Debt Proceeds: $ _____
   j. Other Revenue(s) [Explain and identify amount(s)]:
      _____ $ _____
      _____ $ _____
      _____ $ _____ $ _____
   k. Total Project Area Receipts Deposited to Housing Fund (add lines 3a(6). through 3j.): $ _____

Agency Name: _____ Project Area Name: _____

**Exemption(s)**

4. a. If an exemption was claimed on Page 2, Line 3a(4) to deposit less than the required amount, complete the following information:

Check only one of the Health and Safety Code Sections below providing a basis for the exemption:

☐ Section 33334.2(a)(1): No need in community to increase/improve supply of lower or moderate income housing.

☐ Section 33334.2(a)(2): Less than the minimum set-aside % (20% or 30%) is sufficient to meet the need.

☐ Section 33334.2(a)(3): Community is making substantial effort equivalent in value to minimum set-aside % (20% or 30%) and has specific contractual obligations incurred before May 1, 1991 requiring continued use of this funding.

**Note: Pursuant to Section 33334.2(a)(3)(C), this exemption expired on June 30, 1993 but contracts entered into prior to May 1, 1991 may not be subject to the exemption sunset.**

☐ Other: Specify code section and reason(s): _____

_____

b. For any exemption claimed on Page 2, Line 3a(4) and/or Line 4a above, identify:

Date that initial (1st) finding was adopted: _____/_____/_____ (mo day yr) Resolution # _____ Date sent to HCD: _____/_____/_____ (mo day yr)

Adoption date of reporting year finding: _____/_____/_____ (mo day yr) Resolution # _____ Date sent to HCD: _____/_____/_____ (mo day yr)

**Deferral(s)**

5. a. Specify the authority for deferring any set-aside on Line 3a(5). Check only one Health and Safety Code Section boxes:

☐ Section 33334.6(d): Applicable to project areas approved before 1986 in which the required resolution was sent to HCD before September 1986 regarding needing tax increment to meet existing obligations. Existing obligations can include those incurred after 1985, if net proceeds were used to refinance pre-1986 listed obligations.

**Note: The deferral previously authorized by Section 33334.6(e) expired. It was only allowable in each fiscal year prior to July 1, 1996 with certain restrictions.**

☐ Other: Specify code Section and reason:

b. For any deferral claimed on Page 2, Line 3a(5) and/or Line 5a above, identify:

Date that initial (1st) finding was adopted: _____/_____/_____ (mo day yr) Resolution # _____ Date sent to HCD: _____/_____/_____ (mo day yr)

Adoption date of reporting year finding: _____/_____/_____ (mo day yr) Resolution # _____ Date sent to HCD: _____/_____/_____ (mo day yr)

c. A deferred set-aside pursuant to Section 33334.6(d) constitutes indebtedness to the Housing Fund. Summarize the amount(s) of set-aside deferred over the reporting year and cumulatively as of the end of the reporting year:

| Fiscal Year | Amount Deferred This Reporting FY | Amount of Prior Deferrals Repaid During Reporting FY | Cumulative Amount Deferred (Net of Any Amount(s) Repaid) |
|---|---|---|---|
| (1) Last Reporting FY | | | $ |
| (2) This Reporting FY | $ | $ | $ * * |

** The cumulative amount of deferred set-aside should also be shown on HCD-C, Line 8a.*

If the prior FY cumulative deferral shown above differs from what was reported on the last HCD report (HCD-A and HCD-C), indicate the amount of difference and the reason:

Difference: $_____ Reason(s): _____

_____

Agency Name: _____ Project Area Name: _____

**Deferral(s) (continued)**

5.

d. Section 33334.6(g) requires any agency which defers set-asides to adopt a plan to eliminate the deficit in subsequent years. If this agency has deferred set-asides, has it adopted such a plan? Yes ☐ No ☐

If yes, by what date is the deficit to be eliminated? _____/_____/_____ (mo day yr)

If yes, when was the original plan adopted for the claimed deferral? _____/_____/_____ (mo day yr)

Identify Resolution # _____ Date Resolution sent to HCD _____/_____/_____ (mo day yr)

When was the last amended plan adopted for the claimed deferral? _____/_____/_____ (mo day yr)

Identify Resolution # _____ Date Resolution sent to HCD _____/_____/_____ (mo day yr)

**Actual Project Area Households Displaced and Units and Bedrooms Lost Over Reporting Year:**

6. a. **Redevelopment Project Activity.** Pursuant to Sections 33080.4(a)(1) and (a)(3), report by income category the number of elderly and nonelderly households permanently displaced and the number of units and bedrooms removed or destroyed, over the reporting year, (refer to Section 33413 for unit and bedroom replacement requirements).

**Number of Households/Units/Bedrooms**

| Project Activity | VL | L | M | AM | Total |
|---|---|---|---|---|---|
| Households Permanently Displaced - Elderly | | | | | |
| Households Permanently Displaced - Non Elderly | | | | | |
| Households Permanently Displaced -Total | | | | | |
| Units Lost (Removed or Destroyed) and Required to be Replaced | | | | | |
| Bedrooms Lost (Removed or Destroyed) and Required to be Replaced | | | | | |
| Above Moderate Units Lost That Agency is Not Required to Replace | | | | | |
| Above Moderate Bedrooms Lost That Agency is Not Required to Replace | | | | | |

b. **Other Activity.** Pursuant to Sections 33080.4(a)(1) and (a)(3) based on activities other than the destruction or removal of dwelling units and bedrooms reported on Line 6a, report by income category the number of elderly and nonelderly households permanently displaced over the reporting year:

**Number of Households**

| Other Activity | VL | L | M | AM | Total |
|---|---|---|---|---|---|
| Households Permanently Displaced - Elderly | | | | | |
| Households Permanently Displaced - Non Elderly | | | | | |
| Households Permanently Displaced - Total | | | | | |

.

c. As required in Section 33413.5, identify, over the reporting year, each replacement housing plan required to be adopted before the permanent displacement, destruction, and/or removal of dwelling units and bedrooms impacting the households reported on lines 6a. and 6b.

Date _____/_____/_____ (mo day yr) Name of Agency Custodian _____

Date _____/_____/_____ (mo day yr) Name of Agency Custodian _____

Please attach a separate sheet of paper listing any additional housing plans adopted.

Agency Name: _____ Project Area Name: _____

**Estimated Project Area Households to be Permanently Displaced Over Current Fiscal Year:**

7. a. As required in Section 33080.4(a)(2) for a redevelopment project of the agency, estimate, over the current fiscal year, the number of elderly and nonelderly households, by income category, expected to be permanently displaced. (Note: actual displacements will be reported for the next reporting year on Line 6).

| | Number of Households | | | | |
|---|---|---|---|---|---|
| **Project Activity** | **VL** | **L** | **M** | **AM** | **Total** |
| Households Permanently Displaced - Elderly | | | | | |
| Households Permanently Displaced - Non Elderly | | | | | |
| Households Permanently Displaced - Total | | | | | |

b. As required in Section 33413.5, for the current fiscal year, identify each replacement housing plan required to be adopted before the permanent displacement, destruction, and/or removal of dwelling units and bedrooms impacting the households reported in 7a.

Date _____/_____/_____ Name of Agency Custodian _____
mo day yr

Date _____/_____/_____ Name of Agency Custodian _____
mo day yr

Please attach a separate sheet of paper listing any additional housing plans adopted.

**Units Developed Inside the Project Area to Fulfill Requirements of Other Project Area(s)**

8. Pursuant to Section 33413(b)(2)(A)(v), agencies may choose one or more project areas to fulfill another project area's requirement to construct new or substantially rehabilitate dwelling units, provided the agency conducts a public hearing and finds, based on substantial evidence, that the aggregation of dwelling units in one or more project areas will not cause or exacerbate racial, ethnic, or economic segregation.

Were any dwelling units in this project area developed to partially or completely satisfy another project area's requirement to construct new or substantially rehabilitate dwelling units?

☐ No.

☐ Yes. Date initial finding was adopted? _____/_____/_____ Resolution # _____ Date sent to HCD:_____/_____/_____
mo day yr mo day yr

| | Number of Dwelling Units | | | |
|---|---|---|---|---|
| **Name of Other Project Area(s)** | **VL** | **L** | **M** | **Total** |
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Agency Name: _____ Project Area Name: _____

**Sales of Owner-Occupied Units Inside the Project Area Prior to the Expiration of Land Use Controls**

9. Section 33413(c)(2)(A) specifies that pursuant to an adopted program, which includes but is not limited to an equity sharing program, agencies may permit the sale of owner-occupied units prior to the expiration of the period of the land use controls established by the agency. Agencies must deposit sale proceeds into the Low and Moderate Income Housing Fund and within three (3) years from the date the unit was sold, expend funds to make another unit equal in affordability, at the same income level, to the unit sold.

   a. Sales. Did the agency permit the sale of any owner-occupied units during the reporting year?

   ☐No
   ☐Yes

| $ | ← Total Proceeds From Sales Over Reporting Year | Number of Units | | | |
|---|---|---|---|---|---|
| SALES | | VL | L | M | Total |
| Units Sold Over Reporting Year | | | | | |

   b. Equal Units. Were reporting year funds spent to make units equal in affordability to units sold over the last three reporting years?

   ☐No
   ☐Yes

| $ | ← Total Proceeds From Sales Over Reporting Year | Number of Units | | | |
|---|---|---|---|---|---|
| SALES | | VL | L | M | Total |
| Units Made Equal This Reporting Yr to Units Sold Over This Reporting Yr | | | | | |
| Units Made Equal This Reporting Yr to Units Sold One Reporting Yr Ago | | | | | |
| Units Made Equal This Reporting Yr to Units Sold Two Reporting Yrs Ago | | | | | |
| Units Made Equal This Reporting Yr to Units Sold Three Reporting Yrs Ago | | | | | |

**Affordable Units to be Constructed Inside the Project Area Within Two Years**

10. Pursuant to Section 33080.4(a)(10), report the number of very low, low, and moderate income units to be financed by any federal, state, local, or private source in order for construction to be completed within two years from the date of the agreement or contract executed over the reporting year. Identify the project and/or contractor, date of the executed agreement or contract, and estimated completion date. Specify the amount reported as an encumbrance on HCD-C, Line 6a. and/or any applicable amount designated on HCD-C, Line 7a. such as for capital outlay or budgeted funds intended to be encumbered for project use within two years from the reporting year's agreement or contract date.

**DO NOT REPORT ANY UNITS ON THIS SCHEDULE A THAT ARE REPORTED ON OTHER HCD-As, B, OR Ds.**

| Col A<br>Name of Project and/or Contractor | Col B<br>Agreement Execution Date | Col C<br>Estimated Completion Date (w/in 2 yrs of Col B) | Col D<br>Sch C Amount Encumbered [Line 6a] | Col E<br>Sch C Amount Designated [Line 7a] | VL | L | M | Total |
|---|---|---|---|---|---|---|---|---|
| | | | $ | $ | | | | |
| | | | $ | $ | | | | |
| | | | $ | $ | | | | |

Please attach a separate sheet of paper to list additional information.

**SCHEDULE HCD-B**

**Outside** Project Area Activity

for Fiscal Year Ended _____/_____/_____

Agency Name: _____ Project Name: _____

Preparer's Name, Title: _____ Preparer's E-Mail Address: _____

Preparer's Telephone No: _____ Preparer's Facsimile No: _____

**Actual Households Displaced and Units and Bedrooms Lost Outside of Project Area(s) Over Reporting Year**

1. a. **Redevelopment Project Activity.** Pursuant to Sections 33080.4(a)(1) and (a)(3), report by income category the number of elderly and nonelderly households permanently displaced and the number of units and bedrooms removed or destroyed, over the reporting year, (refer to Section 33413 for unit and bedroom replacement requirements).

**Number of Households/Units/Bedrooms**

| Activity | VL | L | M | AM | Total |
|---|---|---|---|---|---|
| Households Permanently Displaced – Elderly | | | | | |
| Households Permanently Displaced - Non Elderly | | | | | |
| Households Permanently Displaced – Total | | | | | |
| Units Lost (Removed or Destroyed) and Required to be Replaced | | | | | |
| Bedrooms Lost (Removed or Destroyed) and Required to be Replaced | | | | | |
| Above Moderate Units Lost That Agency is Not Required to Replace | | | | | |
| Above Moderate Bedrooms Lost That Agency is Not Required to Replace | | | | | |

b. **Other Activity.** Pursuant to Sections 33080.4(a)(1) and (a)(3) based on activities other than the destruction or removal of dwelling units and bedrooms reported on Line 1a, report by income category the number of elderly and nonelderly households permanently displaced over the reporting year.

**Number of Households**

| Activity | VL | L | M | AM | Total |
|---|---|---|---|---|---|
| Households Permanently Displaced - Elderly | | | | | |
| Households Permanently Displaced - Non Elderly | | | | | |
| Households Permanently Displaced – Total | | | | | |

c. As required in Section 33413.5, identify, over the reporting year, each replacement housing plan required to be adopted before the permanent displacement, destruction, and/or removal of dwelling units and/or bedrooms impacting the households reported on lines 1a. and 1b.

Date _____/_____/_____ Name of Agency Custodian _____
mo day yr

Date _____/_____/_____ Name of Agency Custodian _____
mo day yr

Please attach a separate sheet of paper listing any additional housing plans adopted.

**Estimated Households Outside of Project Area(s) to be Permanently Displaced Over Current Fiscal Year:**

2. a. As required in Section 33080.4(a)(2) for a redevelopment project of the agency, estimate, over the current fiscal year, the number of elderly and nonelderly households, by income category, expected to be permanently displaced. (Note: actual displacements will be reported for the next reporting year on Line 1).

**Estimated Permanent Displacements** — **Number of Households**

| Activity | VL | L | M | AM | Total |
|---|---|---|---|---|---|
| Households Permanently Displaced - Elderly | | | | | |
| Households Permanently Displaced - Non Elderly | | | | | |
| Households Permanently Displaced - Total | | | | | |

b. As required in Section 33413.5, for the current fiscal year, identify each replacement housing plan required to be adopted before the permanent displacement, destruction, and/or removal of dwelling units and bedrooms impacting the households reported on 2a.

Date _____/_____/_____ (mo day yr) Name of Agency Custodian _____

Date _____/_____/_____ (mo day yr) Name of Agency Custodian _____

Please attach a separate sheet of paper listing any additional housing plans adopted.

**Sales of Owner-Occupied Units Outside of Project Area(s) Prior to the Expiration of Land Use Controls**

3. Section 33413(c)(2)(A) specifies that pursuant to an adopted program, which includes but is not limited to an equity sharing program, agencies may permit the sale of owner-occupied units prior to the expiration of the period of the land use controls established by the agency. Agencies must deposit sale proceeds into the Low and Moderate Income Housing Fund and within three (3) years from the date the unit was sold, expend funds to make another unit equal in affordability, at the same income level, as the unit sold.

a. Sales. Did the agency permit the sale of any owner-occupied units during the reporting year?

☐No

☐Yes $ ← **Total Proceeds From Sales Over Reporting Year**

| Income Level | VL | L | M | Total |
|---|---|---|---|---|
| Units Sold Over Current Reporting Year | | | | |

**Number of Units**

b. Equal Units. Were reporting year funds spent to make units equal in affordability to units sold over the last three reporting years?

☐No

☐Yes $ ← **Total Proceeds From Sales Over Reporting Year**

| Income Level | VL | L | M | Total |
|---|---|---|---|---|
| Units Made Equal This Reporting Yr to Units Sold Over This Reporting Yr | | | | |
| Units Made Equal This Reporting Yr to Units Sold One Reporting Yr Ago | | | | |
| Units Made Equal This Reporting Yr to Units Sold Two Reporting Yrs Ago | | | | |
| Units Made Equal This Reporting Yr to Units Sold Three Reporting Yrs Ago | | | | |

**Number of Units**

**Affordable Units to be Constructed Outside of Project Area(s) Within Two Years From Date of Agreement or Contract**

4. Pursuant to Section 33080.4(a)(10), report the number of very low, low, and moderate income units to be financed by any federal, state, local, or private source in order for construction to be completed within two years from the date of the agreement or contract executed over the reporting year. Identify the project and/or contractor, date of the executed agreement or contract, and estimated completion date. Specify the amount reported as an encumbrance on HCD-C, Line 6a. and/or any applicable amount designated on HCD-C, Line 7a. such as for capital outlay or budgeted funds intended to be encumbered for project use within two years from the reporting year's agreement or contract date.

**DO NOT REPORT ANY UNITS SHOWN ON SCHEDULES HCD As OR Ds.**

| Col A Name of Project and/or Contractor | Col B Agreement Execution Date | Col C Estimated Completion Date (w/in 2 yrs of Col B) | Col D Sch C Amount Encumbered [Line 6a] | Col E Sch C Amount Designated [Line 7a] | VL | L | M | Total |
|---|---|---|---|---|---|---|---|---|
| | | | $ | $ | | | | |
| | | | $ | $ | | | | |
| | | | $ | $ | | | | |

Please attach a separate sheet of paper to list additional information.

**SCHEDULE HCD-C**

Agency-wide Activity

for Fiscal Year Ended _____/_____/_____

Agency Name: _____ County: _____

Preparer's Name, Title: _____ Preparer's E-Mail Address: _____

Preparer's Telephone No: _____ Preparer's Facsimile No: _____

**Low & Moderate Income Housing Funds**

Report on the "status and use of the agency's Low and Moderate Income Housing Fund." Most information reported here should be based on information reported to the State Controller.

1. **Beginning Balance** (Use "**Net Resources Available**" from last fiscal year report to HCD) $_____

   a. If Beginning Balance requires adjustment(s), identify the reason and amount for each adjustment:
   Use < $ > for negative amounts or amounts to be subtracted

   _____ $_____

   _____ $_____

   _____ $_____

   b. **Total Adjustment(s)** (indicate whether positive or <negative>) $_____

   c. Adjusted Beginning Balance [Beginning Balance plus + or minus <-> Total Adjustment(s)] $

2. **Project Area(s) Receipts and Housing Fund Revenues**

   a. All Project Areas. Total Deposits [Sum of amount(s) from Line 3k.,HCD-A(s)] $_____

   b. Other revenues not reported on Schedule HCD-A(s) [Identify source(s) and amount(s)]:

   _____ $_____

   _____ $_____

   _____ $_____

   c. **Total Housing Fund Revenues** $_____

3. **Total Resources** (Line 1c. + Line 2a + Line 2c.) $

**NOTES:**

Many amounts to report as Expenditures and Other Uses (beginning on the next page) should be taken from amounts reported
to the State Controller's Office (SCO). Review the SCO's Redevelopment Agencies Financial Transactions Report.

Housing Fund "transfers-out" to other internal Agency funds: Report the specific use of all transferred funds on applicable lines 4a.-k of Schedule C. For example, transfers from the Housing Fund to the Debt Service Fund for the repayment of principal and interest of debt proceeds deposited to the Housing Fund should be reported on the applicable item comprising HCD-C Line 4c, providing tax increment (gross and deposit amounts) were reported on Sch-As. External transfers out of the Agency should be reported on HCD-C Line 4j (e.g.: transfer of excess surplus to the County Housing Authority).

Other Uses: Non-GAAP (Generally Accepted Accounting Principles) recording of expenditures such as land purchases for agencies using the Land Held for Resale method to record land purchases should be reported on HCD-C Line 4a(1). Funds spent resulting in loans to the Housing Fund should be included in HCD-C lines 4b., 4f., 4g., 4h., and 4i as appropriate.

***The statutory cite pertaining to Community Redevelopment Law (CRL) is provided for preparers to review to determine the appropriateness of Low and Moderate Income Housing Fund (LMIHF) expenditures and other uses. HCD does not represent that line items identifying any expenditures and other uses are allowable. CRL is accessible on the Internet [website:*** http://www.leginfo.ca.gov/ *(California Law)**] beginning with Section 33000 of the Health and Safety Code.***

Agency Name: _____

## 4. Expenditures and Other Uses

a. Acquisition of Property & Building Sites [33334.2(e)(1)] & Housing [33334.2(e)(6)]:

| | | | |
|---|---|---|---|
| (1) Land Assets *(Investment – Land Held for Resale)* * | | $ | |
| (2) Housing Assets *(Fixed Asset)* * | | $ | |
| (3) Acquisition Expense | | $ | |
| (4) Operation of Acquired Property | | $ | |
| (5) Relocation Costs | | $ | |
| (6) Relocation Payments | | $ | |
| (7) Site Clearance Costs | | $ | |
| (8) Disposal Costs | | $ | |
| (9) Other [Explain and identify amount(s)]: | | | |
| _____ | $ | | |
| _____ | $ | | |
| _____ | $ | $ | |
| * *Reported to SCO as part of Assets and Other Debts* | | | |
| (10) **Subtotal Property/Building Sites/Housing Acquisition** (Sum of Lines 1 – 9) | | | $ |

b. Subsidies from Low and Moderate Income Housing Fund (LMIHF):

| | | | |
|---|---|---|---|
| (1) 1st Time Homebuyer Down Payment Assistance | | $ | |
| (2) Rental Subsidies | | $ | |
| (3) Purchase of Affordability Covenants [33413(b)2(B)] | | $ | |
| (4) Other [Explain and identify amount(s)]: | | | |
| _____ | $ | | |
| _____ | $ | | |
| _____ | $ | $ | |
| (5) **Subtotal Subsidies from LMIHF** (Sum of Lines 1 – 4) | | | $ |

c. Debt Service [33334.2(e)(9)]. Report LMIHF's share of debt service. If paid from Debt Service Fund, ensure "gross" tax increment is reported on HCD-A(s) Line 3a(1).

| | | | |
|---|---|---|---|
| (1) Debt Principal Payments | | | |
| (a) Tax Allocation, Bonds & Notes | | $ | |
| (b) Revenue Bonds & Certificates of Participation | | $ | |
| (c) City/County Advances & Loans | | $ | |
| (d) U. S. State & Other Long–Term Debt | | $ | |
| (2) Interest Expense | | $ | |
| (3) Debt Issuance Costs | | $ | |
| (4) Other [Explain and identify amount(s)]: | | | |
| _____ | $ | | |
| _____ | $ | | |
| _____ | $ | $ | |
| (5) **Subtotal Debt Service** (Sum of Lines 1 – 4) | | | $ |

d. Planning and Administration Costs [33334.3(e)(1)]:

| | | | |
|---|---|---|---|
| (1) Administration Costs | | $ | |
| (2) Professional Services (non project specific) | | $ | |
| (3) Planning/Survey/Design (non project specific) | | $ | |
| (4) Indirect Nonprofit Costs [33334.3(e)(1)(B)] | | $ | |
| (5) Other [Explain and identify amount(s)]: | | | |
| _____ | $ | | |
| _____ | $ | | |
| _____ | $ | $ | |
| (6) **Subtotal Planning and Administration** (Sum of Lines 1 – 5) | | | $ |

Agency Name: _____

4. **Expenditures and Other Uses** (continued)

e. On/Off-Site Improvements [33334.2(e)(2)] *Complete item 13* $ _____

f. Housing Construction [33334.2(e)(5)] $ _____

g. Housing Rehabilitation [33334.2(e)(7)] $ _____

h. Maintenance of Mobilehome Parks [33334.2(e)(10)] $ _____

i. Preservation of At-Risk Units [33334.2(e)(11)] $ _____

j. Transfers Out of Agency

(1) For Transit village Development Plan (33334.19) $ _____

(2) Excess Surplus [33334.12(a)(1)(A)] $ _____

(3) Other (specify code section authorizing transfer and amount)

A. Section _____ $ _____

B. Section _____ $ _____

Other Transfers Subtotal $ _____

(4) **Subtotal Transfers Out of Agency** (Sum of j(1) through j(3)) $ _____

k. Other Expenditures and Uses [Explain and identify amount(s)]:

_____ $ _____

_____ $ _____

_____ $ _____

**Subtotal Other Expenditures and Uses** $ _____

l. **Total Expenditures and Other Uses** (Sum of lines 4a.-k.) $ _____

5. **Net Resources Available** [End of Reporting Fiscal Year]
[Page 1, Line 3, Total Resources minus Total Expenditures and Other Uses on Line 4.l.] $ _____

6. **Encumbrances and Unencumbered Balance**

a. **Encumbrances.** Amount of Line 5 reserved for future payment of legal contract(s) or agreement(s). See Section 33334.12(g)(2) for definition. *Refer to item 10 on Sch-A(s) and item 4 on Sch-B.* $ _____

b. **Unencumbered Balance** (Line 5 minus Line 6a). Also enter on Page 4, Line 11a. $ _____

7. **Designated/Undesignated Amount of Available Funds**

A **Designated** Amount of Line 6b. budgeted/planned to use near-term *Refer to item 10 on Sch-A(s) and item 4 on Sch-B* $ _____

b. **Undesignated** Amount of Line 6b. not yet budgeted/planned to use $ _____

8. **Other Housing Fund Assets** (not included as part of Line 5)

a. Indebtedness from Deferrals of Tax Increment (Sec. 33334.6) [refer to Sch-A(s), Line 5c (2)]. $ _____

b. Value of Land Purchased with Housing Funds and Held for Development of Affordable Housing. *Complete Sch-C item 14.* $ _____

c. Loans Receivable for Housing Activities $ _____

d. Residual Receipt Loans (periodic/fluctuating payments) $ _____

e. ERAF Loans Receivable (all years) (Sec. 33681) $ _____

f. Other Assets [Explain and identify amount(s)]:

_____ $ _____

_____ $ _____

g. **Total Other Housing Fund Assets** (Sum of lines 8a.-f.) $ _____

9. **TOTAL FUND EQUITY** [Line 5 (Net Resources Available) +8g (Total Other Housing Fund Assets] $ _____

| Compare Line 9 to the below amount reported to the SCO (Balance Sheet of Redevelopment Agencies Financial Transactions Report. [Explain differences and identify amount(s)]: | | |
|---|---|---|
| | $ _____ | |
| | $ _____ | $ _____ |
| ENTER LOW-MOD FUND TOTAL EQUITIES (BALANCE SHEET) REPORTED TO SCO | | $ _____ |

Agency Name: _____

**Excess Surplus Information**

Pursuant to Section 33080.7 and Section 33334.12(g)(1), report on Excess Surplus that is required to be determined on the first day of a fiscal year. Excess Surplus exists when the Adjusted Balance exceeds the greater of: (1) $1,000,000 or (2) the aggregate amount of tax increment deposited to the Housing Fund during the prior four fiscal years. Section 33334.12(g)(3)(A) and (B) provide that the Unencumbered Balance can be adjusted for: (1) any remaining revenue generated in the reporting year from unspent debt proceeds and (2) if the land was disposed of during the reporting year to develop affordable housing, the difference between the fair market value of land and the value received.

The Unencumbered Balance is calculated by subtracting encumbrances from Net Resources Available. "Encumbrances" are funds reserved and committed pursuant to a legally enforceable contract or agreement for expenditure for authorized redevelopment housing activities [Section 33334.12(g)(2)].

For Excess Surplus calculation purposes, carry over the prior year's HCD Schedule C Adjusted Balance as the Adjusted Balance on the first day of the reporting fiscal year. Determine which is larger: (1) $1 million or (2) the total of tax increment deposited over the prior four years. Subtract the largest amount from the Adjusted Balance and, if positive, report the amount as Excess Surplus.

10. **Excess Surplus**:
Complete Columns 2, 3, 4, & 5 to calculate Excess Surplus for the reporting year. Columns 6 and 7 track prior years' Excess Surplus.

| Column 1<br>4 Prior and Current Reporting Years | Column 2<br>Total Tax Increment Deposits to Housing Fund | Column 3<br>Sum of Tax Increment Deposits Over Prior Four FYs | Column 4<br>Current Reporting Year 1st Day Adjusted Balance | Column 5<br>Current Reporting Year 1st Day Excess Surplus Balances | Column 6<br>Amount Expended/Encumbered Against FY Balance of Excess Surplus as of **End of Reporting Year** | Column 7<br>Remaining Excess Surplus for Each Fiscal Year as of **End of Reporting Year** |
|---|---|---|---|---|---|---|
| **4 Rpt Yrs Ago**<br>**FY** _____ | $ | | | $ | $ | $ |
| **3 Rpt Yrs Ago**<br>**FY** _____ | $ | | | $ | $ | $ |
| **2 Rpt Yrs Ago**<br>**FY** _____ | $ | | | $ | $ | $ |
| **1 Rpt Yr Ago**<br>**FY** _____ | $ | | | $ | $ | $ |
| **CURRENT Reporting Year**<br>**FY** _____ | | Sum of Column 2<br>$_____ | Last Year's Sch C Adjusted Balance<br>$_____ | Col 4 minus: larger of Col 3 or $1mm (report positive $)<br>$_____ | $ | $ |

11. **Reporting Year Ending Unencumbered Balance and Adjusted Balance**:
   a. **Unencumbered Balance** (End of Year) [Page 3, Line 6b] $_____
   b. If eligible, adjust the Unencumbered Balance for:
      (1) **Debt Proceeds** [33334.12(g)(3)(B)]:
      Identify unspent debt proceeds and related income remaining at end of reporting year $_____
      (2) **Land Conveyance Losses** [(33334.12(g)(3)(A))]:
      Identify reporting year losses from sales/grants/leases of land acquired with low-mod funds, if 49% or more of new or rehabilitated units will be affordable to lower-income households $_____

12. **Adjusted Balance** (for next year's determination of Excess Surplus) [Line 11a minus sum of 11b(1) and 11b(2)] $_____

**Note: Do not enter Adjusted Balance in Col 4. It is to be reported as next year's 1st day amount to determine Excess Surplus**

   a. If there is remaining Excess Surplus from what was determined on the first day of the reporting year, describe the agency's plan (as specified in Section 33334.10) for transferring, encumbering, or expending excess surplus:
   _____
   _____
   _____

   b. If the plan described in 12a. was adopted, enter the plan adoption date: _____/_____/_____
   mo day yr

Agency Name: _____

**Miscellaneous Uses of Funds**

13. If an amount is reported in 4e., pursuant to Section 33080.4(a)(6), report the total number of very low-, low-, and moderate-income households that directly benefited from expenditures for onsite/offsite improvements which resulted in either new construction, rehabilitation, or the elimination of health and safety hazards. (Note: If Line 4e of this schedule does not show expenditures for improvements, no units should be reported here.)

| Income Level | Households Constructed | Households Rehabilitated | Households Benefiting from Elimination of Health and Safety Hazard | Duration of Deed Restriction |
|---|---|---|---|---|
| Very Low | | | | |
| Low | | | | |
| Moderate | | | | |

14. If the agency is holding land for future housing development (refer to Line 8b), summarize the acreage (round to tenths, do not report square footage), zoning, date of purchase, and the anticipated start date for the housing development.

| Site Name/Location* | No. of Acres | Zoning | Purchase Date | Estimated Date Available | Comments |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Please attach a separate sheet of paper listing any additional sites not reported above.

15. Section 33334.13 requires agencies which have used the Housing Fund to assist mortgagors in a homeownership mortgage revenue bond program, or home financing program described in that Section, to provide the following information:

    a. Has your agency used the authority related to definitions of income or family size adjustment factors provided in Section 33334.13(a)?

    Yes ☐ No ☐ Not Applicable ☐

    b. Has the agency complied with requirements in Section 33334.13(b) related to assistance for very low-income households equal to twice that provided for above moderate-income households?

    Yes ☐ No ☐ Not Applicable ☐

Agency Name: _____

16. Did the Agency use non-LMIHF funds as matching funds for the Federal HOME or HOPE program during the reporting period?

    YES ☐ NO ☐

    If yes, please indicate the amount of non-LMIHF funds that were used for either HOME or HOPE program support.

    HOME $_____ HOPE $_____

17. Pursuant to Section 33080.4(a)(11), the agency shall maintain adequate records to identify the date and amount of all LMIHF deposits and withdrawals during the reporting period. To satisfy this requirement, the Agency should keep and make available upon request any and all deposit and withdrawal information. DO NOT SUBMIT RECORDS OF DEPOSITS/WITHDRAWALS.

    Has your agency made any deposits to or withdrawals from the LMIHF? Yes ☐ No ☐

    If yes, identify the document(s) describing the agency's deposits and withdrawals by listing for each document, the following (attach additional pages of similar information as necessary):

    Name of document: _____
    Date of document: _____/_____/_____
    mo day yr
    Name of Agency Custodian (person):_____
    Custodian's telephone number: _____
    Place where record can be accessed: _____

    Name of document: _____
    Date of document: _____/_____/_____
    mo day yr
    Name of Agency Custodian (person):_____
    Custodian's telephone number: _____
    Place where record can be accessed: _____

18. **Use of Other (non Low-Mod Funds) Redevelopment Funds for Housing**

    Please briefly describe the use of any non-LMIHF redevelopment funds (i.e., contributions from the other 80% of tax increment revenue) to construct, improve, assist, or preserve housing in the community.

19. **Suggestions/Resource Needs**

    Please provide suggestions to simplify and improve future agency reporting and identify any training, information, and/or other resources, etc. that would help your agency to more quickly and effectively use its housing or other funds to increase, improve, and preserve affordable housing?

20. **Annual Monitoring Reports of Previously Completed Affordable Housing Projects/Programs (H&SC 33418)**

    Were all Annual Monitoring Reports received for all prior years' affordable housing projects/programs?: Yes ☐ No ☐

Agency Name: _____

21. **Project Achievement and HCD Director's Award for Housing Excellence**

Project achievement information is optional but can serve important purposes: Agencies' achievements can inform others of successful redevelopment projects and provide instructive information for additional successful projects. Achievements will be included in HCD's Annual Report of Housing Activities of California Redevelopment Agencies to assist other local agencies in developing effective and efficient programs to address local housing needs.

In addition, HCD selects various projects to receive the Director's Award for Housing Excellence. Projects are selected based on criteria such as local affordable housing need(s) met, resources utilized, barriers overcome, and project innovation/complexity, etc.

Project achievement information should only be submitted for one affordable residential project that was completed within the reporting year as evidenced by a Certificate of Occupancy. The project must not have been previously reported as an achievement.

*To publish agencies' achievements in a standard format, please complete information for each underlined category below addressing suggested topics in a narrative format that does not exceed two pages (see example, next page). In addition to submitting information with other HCD forms to the State Controller, please submit achievement information on a 3.5 inch diskette and identify the software type and version. For convenience, the diskette can be separately mailed to: HCD Policy Division, 1800 3rd Street, Sacramento, CA 95814 or data can be emailed by attaching the file and sending it to: atorrens@hcd.ca.gov or rlevy@hcd.ca.gov.*

**AGENCY INFORMATION**

- Project Type (Choose one of the categories below and one kind of assistance representing the primary project type):

New/Additional Units (Previously Unoccupied/Uninhabitable):
- New Construction to own
- New Construction to rent
- Rehabilitation to own
- Rehabilitation to rent
- Adaptive Re-use
- Mixed Use Infill
- Mobilehomes/Manufactured Homes
- Mortgage Assistance
- Transitional Housing
- Other (describe)

Existing Units (Previously Occupied)
- Rehabilitation of Owner-Occupied
- Rehabilitation of Tenant-Occupied
- Acquisition and Rehabilitation to Own
- Acquisition and Rehabilitation to Rent
- Mobilehomes/Manufactured Homes
- Payment Assistance for Owner or Renter
- Transitional Housing
- Other (describe)

- Agency Name:
- Agency Contact and Telephone Number for the Project:

**DESCRIPTION**

- Project Name
- Clientele served [owner, renter, income group, special need (e.g. large family or disabled), etc.]
- Number and type of units and location, density, and size of project relative to other projects, etc.
- Degree of affordability/assistance rendered to families by project, etc.
- Uniqueness (land use, design features, additional services/amenities provided, funding sources/collaboration, before/after project conversion such as re-use, mixed use, etc.)
- Cost (acquisition, clean-up, infrastructure, conversion, development, etc.)

**HISTORY**

- Timeframe from planning to opening
- Barriers/resistance (legal/financial/community, etc.) that were overcome
- Problems and creative solutions found
- Lessons learned and/or recommendations for undertaking a similar project

**AGENCY ROLE AND ACHIEVEMENT**

- Degree of involvement with concept, design, approval, financing, construction, operation, and cost, etc.
- Specific agency and/or community goals and objectives met, etc.

Agency Name: _____

# ACHIEVEMENT EXAMPLE

**Project Type: NEW CONSTRUCTION- OWNER OCCUPIED**

**_____ Redevelopment Agency**
**Contact: Name (Area Code) Telephone #**

**Project/Program Name: _____ Project or Program**

Description
During the reporting year, construction of 12 homes was completed. _____ Enterprises, which specializes in community self-help projects, was the developer, assisting 12 families in the construction of their new homes. The homes took 10 months to build. The families' work on the homes was converted into "sweat equity" valued at $15,000. The first mortgage was from CHFA. Families were also given an affordable second mortgage. The second and third mortgage loans were funded by LMIHF and HOME funds.

History
The _____(City or County) of_____ struggled for several years over what to do about the _____ area. The _____ tried to encourage development in the area by rezoning a large portion of the area for multi-family use, and twice attempted to create improvement districts. None of these efforts were successful and the area continued to deteriorate, sparking growing concern among city officials and residents. At the point that the Redevelopment Agency became involved, there was significant ill will between the residents of the _____ and the (City or County). The _____ introduced the project in _____ with discussions of how the Agency could become involved in improving the blighted residential neighborhood centering on _____. This area is in the core area of town and was developed with disproportionately narrow, deep lots, based on a subdivision plat laid in 1950. Residents built their homes on the street frontages of _____ and _____ leaving large back-lot areas that were landlocked and unsuitable for development, having no access to either avenue. The Agency worked with 24 property owners to purchase portions of their properties. Over several years, the Agency purchased enough property to complete a tract map creating access and lots for building. Other non-profits have created an additional twelve affordable homes.

Agency Role
The Agency played the central role. The _____ Project is a classic example of successful redevelopment. All elements of blight were present: irregular, land-locked parcels without access; numerous property owners; development that lagged behind that of the surrounding municipal property; high development cost due to need for installation of street improvements, utilities, a storm drain system, and undergrounding of a flood control creek; and a low-income neighborhood in which property sale prices would not support high development costs. The Agency determined that the best development for the area would be single-family owner-occupied homes. The Agency bonded its tax increment to fund the off-site improvements. A tract map was completed providing for the installation of the street improvements, utilities, storm drainage, and the undergrounding of _____ Creek. These improvements cost the Agency approximately $1.5 million. In lieu of using the eminent domain process, the Agency negotiated with 22 property owners to purchase portions of their property, allowing for access to the landlocked parcels. This helped foster trust and good will during the course of the negotiations. The Project got underway once sufficient property was purchased.

**SCHEDULE HCD-D1**
**GENERAL PROJECT/PROGRAM INFORMATION**

For each different Project/Program (area/name/agy or nonagy dev/rental or owner), complete a D1 and applicable D2-D7.

*Examples:*
*1: 25 minor rehab (Nonagy Dev): Area 1: 15 Owner; Area 2: 6 Rental; & Outside: 4 Rental. Complete 3 D-1s & 3 D-5s.*
*2: 20 sub rehab (nonrestricted): Area 3: 4 Agy Dev. Rentals; 16 Nonagy Dev. Rentals. Complete 2 D-1s & 2 D-5s.*
*3: 15 sub rehab (restricted): Area 4: 15 Nonagy Dev, Owner. Complete 1 D-1 & 1 D-3.*
*4: 10 new (Outside). 2 Agy Dev (restricted Rental), 8 Nonagy Dev (nonrestricted Owner) Complete 2 D-1s, 1 D-4, & 1 D-5.*

**Name of Redevelopment Agency:** _____
**Identify Project Area or specify "Outside":** _____
**General Title of Housing Project/Program:** _____
**Project/Program Address (optional):** _____
**Street:** _____ **City:** _____ **ZIP:** _____

**Owner Name (optional)**: _____

**Total Project/Program Units:** #_____ **Restricted Units:** #_____ **Unrestricted Units:** #_____

**For projects/programs with no RDA assistance, do not complete any of below or any of HCD D2-D6. Only complete HCD-D7.**

**Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(3)]?** ☐ YES ☐ NO

**Number of units occupied by ineligible households (e.g. ineligible income/# of residents in unit) at FY end** #_____

**Number of bedrooms occupied by ineligible persons (e.g. ineligible income/# of residents in unit) at FY end** #_____

**Number of units restricted for special needs:** *(number must not exceed "Total Project Units")* #_____

**Number of units restricted that are serving one or more Special Needs**: #_____ ☐ Check, if data not available

*(Note: A unit may serve multiple "Special Needs" below. Sum of all the below can exceed the "Number of Units" above)*

| | | |
|---|---|---|
| #_____ DISABLED (Mental) | #_____ FARMWORKER (Permanent) | #_____ TRANSITIONAL HOUSING |
| #_____ DISABLED (Physical) | #_____ FEMALE HEAD OF HOUSHOLD | #_____ ELDERLY |
| #_____ FARMWORKER (Migrant) | #_____ LARGE FAMILY (4 or more Bedrooms) | #_____ EMERGENCY SHELTERS *(allowable use only with "Other Housing Units Provided - Without LMIHF" Sch-D6)* |

**Affordability and/or Special Need Use Restriction Term (enter day/month/year using digits, e.g. 07/01/2002):**

| | Replacement Housing Units | Inclusionary Housing Units | Other Housing Units Provided | |
|---|---|---|---|---|
| | | | With LMIHF | Without LMIHF |
| Restriction Start Date | | | | |
| Restriction End Date | | | | |

**Funding Sources:**

Redevelopment Funds: $ _____
Federal Funds $ _____
State Funds: $ _____
Other Local Funds: $ _____
Private Funds: $ _____
Owner's Equity: $ _____
TCAC/Federal Award: $ _____
TCAC/State Award: $ _____
Total Development/Purchase Cost: $ _____

**Check all appropriate form(s) below that will be used to identify all of this Project's/Program's Units:**

☐ Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:
☐ Inside Project Area (Sch HCD-D3)
☐ Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:
☐ With LMIHF (Sch HCD-D5)
☐ Without LMIHF (Sch HCD-D6)
☐ No Agency Assistance (Sch HCD-D7)

**SCHEDULE HCD-D2**

**REPLACEMENT HOUSING UNITS**

***(units not claimed on Schedule D-5,6,7)***

**(restricted units that fulfill requirement to replace previously destroyed or removed units)**

**Agency:** _____

**Redevelopment Project Area Name, or "Outside":** _____

**Affordable Housing Project Name:** _____

**Check only one:**

☐ Inside Project Area ☐ Outside Project Area

**Check only one. If both apply, complete a separate form for each (with another Sch D-1):**

☐ Agency Developed ☐ Non-Agency Developed

**Check only one. If both apply, complete a separate form for each (with another Sch D-1):**

☐ Rental ☐ Owner-Occupied

**Enter the number of restricted replacement units and bedrooms for each applicable activity below:**

*Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total*

A. **New Construction:**

| Elderly Units | | | | | Non Elderly Units | | | | | Total Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. |
| | | | | | | | | | | | | | | |

**Count of Bedrooms (e.g.: 1 elderly, low, 2 bdrm unit and 4 nonelderly, low, 2 bdrm units = 10 low (2 bdrms x 5)**

| 1 Bedroom Unit (1 x # of units) | | | | | 2 Bedroom Unit (2 x # of units) | | | | |
|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. |
| | | | | | | | | | |

| 3 Bedroom Unit (3 x # of units) | | | | | 4 or more Bedroom Unit (4 x # of units) | | | | |
|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. |
| | | | | | | | | | |

**TOTAL (sum of all unit Bedrooms)**

| VLOW | LOW | MOD | TOTAL | INELG. |
|---|---|---|---|---|
| | | | | |

B. **Substantial Rehabilitation (Post 93/AB 1290 definition: increased value, inclusive of land, is >25%):**

| Elderly Units | | | | | Non Elderly Units | | | | | Total Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. |
| | | | | | | | | | | | | | | |

**Count of Bedrooms (e.g.: 1 elderly, mod, 1 bdrm unit and 2 nonelderly, mod, 1 bdrm units = 3 mod (1 bdrms x 3)**

| 1 Bedroom Unit (1 x # of units) | | | | | 2 Bedroom Unit (2 x # of units) | | | | |
|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. |
| | | | | | | | | | |

| 3 Bedroom Unit (3 x # of units) | | | | | 4 or more Bedroom Unit (4 x # of units) | | | | |
|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. |
| | | | | | | | | | |

**TOTAL (sum of all unit Bedrooms)**

| VLOW | LOW | MOD | TOTAL | INELG. |
|---|---|---|---|---|
| | | | | |

Agency Name: _____ Housing Project Name: _____

**SCHEDULE HCD-D2**
**REPLACEMENT HOUSING UNITS (continued)**

*Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total*

C. **Non-Substantial Rehabilitation (fulfills Pre 94 Replacement Obligation):**

| Elderly Units | | | | | Non Elderly Units | | | | | Total Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. |
| | | | | | | | | | | | | | | |

**Count of Bedrooms (e.g.: 3 nonelderly, vlow, 3 bdrm units and 4 nonelderly 4 bdrm units TOTAL 25 bdrms)**

| 1 Bedroom Unit (1 x # of units) | | | | | 2 Bedroom Unit (2 x # of units) | | | | |
|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. |
| | | | | | | | | | |

| 3 Bedroom Unit (3 x # of units) | | | | | 4 or more Bedroom Unit (4 x # of units) | | | | |
|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. |
| | | | | | | | | | |

| TOTAL (sum of all unit Bedrooms) | | | | |
|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. |
| | | | | |

**TOTAL UNITS (Add only TOTAL of all "Total Elderly / Non Elderly Units" not bedrooms):** _____

***If TOTAL UNITS is less than "Total Project Units" on HCD Sch D1, report the remaining units as instructed below.***

**Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:**

Inclusionary Units
- ☐ Inside Project Area (Sch HCD-D3)
- ☐ Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:
- ☐ With LMIHF (Sch HCD-D5)
- ☐ Without LMIHF (Sch HCD-D6)
- ☐ No Assistance (Sch HCD-D7)

**Identify the number of Replacement Units which also have been counted as Inclusionary Units:**

| Elderly Units | | | | | Non Elderly Units | | | | | Total Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. |
| | | | | | | | | | | | | | | |

**SCHEDULE HCD-D3**

**INCLUSIONARY HOUSING UNITS (INSIDE PROJECT AREA)**

***(units not claimed on Schedule D-4,5,6,7)***

**(units with required affordability restrictions that agency or community controls)**

**Agency:** _____

**Redevelopment Project Area Name:** _____

**Affordable Housing Project Name:** _____

**Check only one. If both apply, complete a separate form for each (with another Sch-D1):**

☐ Agency Developed ☐ Non-Agency Developed

**Check only one. If both apply, complete a separate form for each (with another Sch-D1):**

☐ Rental ☐ Owner-Occupied

**Enter the number of units for each applicable activity below:**

*Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total*

A. **New Construction Units:**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | **TOTAL** | INELG. | VLOW | LOW | MOD | **TOTAL** | INELG. | VLOW | LOW | MOD | **TOTAL** | INELG. |
| | | | | | | | | | | | | | | |

**Of Total, identify the number aggregated from other project areas (see HCD-A(s), Item 8):** ☐

B. **Substantial Rehabilitation (Post-93/AB 1290 Definition of Value >25%: Credit for Obligations Since 1994):**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | **TOTAL** | INELG. |
| | | | | | | | | | | | | | | |

**Of Total, identify the number aggregated from other project areas (see HCD-A(s), Item 8):** ☐

C. **Other/Substantial Rehabilitation (Pre-94/AB 1290 Definition: Credit for Obligations Between 1976 and 1994):**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | **TOTAL** | INELG. |
| | | | | | | | | | | | | | | |

D. **Acquisition of Covenants (Post-93/AB 1290 Reform: Only Multi-Family for Vlow & Low & Other Restrictions):**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | **TOTAL** | INELG. |
| | | | | | | | | | | | | | | |

**TOTAL UNITS (Add only TOTAL of all "TOTAL Elderly / Non Elderly Units"):** ☐

***If TOTAL UNITS is less than "Total Project Units" on HCD Schedule D1, report the remaining units as instructed below.***

**Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:**

☐ Replacement Housing Units (Sch HCD-D2)

☐ Inclusionary Units (Outside Project Area) (Sch HCD-D4)

Other Housing Units Provided:

☐ With LMIHF (Sch HCD-D5)

☐ Without LMIHF (Sch HCD-D6)

☐ No Assistance (Sch HCD-D7)

**Identify the number of Inclusionary Units which also have been counted as Replacement Units:**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. |
| | | | | | | | | | | | | | | |

**SCHEDULE HCD-D4**

**INCLUSIONARY HOUSING UNITS (OUTSIDE ALL PROJECT AREAS)**

***(units not claimed on Schedule D-3,5,6,7)***

**(units with required affordability restrictions that agency or community controls)**

**Agency:** _____

**Project Area: OUTSIDE**

**Affordable Housing Project Name:** _____

**Check only one. If both apply, complete a separate form for each (with another Sch-D1):**

☐ Agency Developed ☐ Non-Agency Developed

**Check only one. If both apply, complete a separate form for each (with another Sch-D1):**

☐ Rental ☐ Owner-Occupied

**Check only one. If both apply, complete a separate form for each (with another Sch-D1):**

☐ One-to-One Credit (units do not fulfill any project area obligation)

☐ Two-to-One Credit (2 units required to fulfill 1 obligation of any project area)

*Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total*

**Enter the number of units for each applicable activity below:**

A. **New Construction:**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | **TOTAL** | INELG. | VLOW | LOW | MOD | **TOTAL** | INELG. | VLOW | LOW | MOD | **TOTAL** | INELG. |
| | | | | | | | | | | | | | | |

**Of Total, identify the number aggregated from other project areas (see HCD-A(s), Item 8):**

B. **Substantial Rehabilitation: (Post-93/AB 1290 Definition of Value >25%: Credit for Obligations Since 1994):**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | **TOTAL** | INELG. |
| | | | | | | | | | | | | | | |

**Of Total, identify the number aggregated from other project areas (see HCD-A(s), Item 8):**

C. **Other/Substantial Rehabilitation: (Pre-94/AB 1290 Definition: Credit for Obligations Between 1976 and 1994):**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | **TOTAL** | INELG. |
| | | | | | | | | | | | | | | |

D. **Acquisition of Covenants (Post-93/AB 1290 Reform: Only Multi-Family for Vlow & Low & Other Restrictions):**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. |
| | | | | | | | | | | | | | | |

**TOTAL UNITS (Add only TOTAL of all "TOTAL Elderly / Non Elderly Units"):**

***If TOTAL UNITS is less than "Total Project/Program Units" on HCD Schedule D1, report the remaining units as instructed below.***

**Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:**

☐ Replacement Housing Units (Sch HCD-D2)

☐ Inclusionary Units (Inside Project Area) (Sch HCD-D3)

Other Housing Units Provided:

☐ With LMIHF (Sch HCD-D5)

☐ Without LMIHF (Sch HCD-D6)

☐ No Assistance (Sch HCD-D7)

**Identify the number of Inclusionary Units which also have been counted as Replacement Units:**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. |
| | | | | | | | | | | | | | | |

**SCHEDULE HCD-D5**

**OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF)**

***(units not claimed on Schedule D-2,3,4,6,7)***

**(lack minimum replacement or inclusionary restrictions and/or not controlled by agency or community)**

**Agency:** _____

**Redevelopment Project Area Name, or "Outside":** _____

**Affordable Housing Project Name:** _____

**Check only one:**

☐ Inside Project Area ☐ Outside Project Area

**Check only one. If both apply, complete a separate form for each (with another Sch-D1):**

☐ Agency Developed ☐ Non-Agency Developed

**Check only one. If both apply, complete a separate form for each (with another Sch-D1):**

☐ Rental ☐ Owner-Occupied

**Enter the number of units for each applicable activity below:**

*Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total*

A. **New Construction Units (non replacement/non inclusionary):**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | **TOTAL** | INELG. |
| | | | | | | | | | | | | | | |

B. **Substantial Rehabilitation Units (value increase with land > 25% (non replacement/non inclusionary):**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | **TOTAL** | INELG. |
| | | | | | | | | | | | | | | |

C. **Non-Substantial Rehabilitation Units:**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | **TOTAL** | INELG. |
| | | | | | | | | | | | | | | |

D. **Acquisition of Units Only (non acquisition of affordability covenants for inclusionary credit):**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | **TOTAL** | INELG. |
| | | | | | | | | | | | | | | |

E. **Mobilehome Owner / Resident:**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | **TOTAL** | INELG. |
| | | | | | | | | | | | | | | |

F. **Mobilehome Park Owner / Resident:**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | **TOTAL** | INELG. |
| | | | | | | | | | | | | | | |

Agency Name: _____ Housing Project Name: _____

**SCHEDULE HCD-D5**
**OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF) (continued)**

*Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total*

G. **Preservation (H&S 33334.2(e)(11) Threat of Public Assisted/Subsidized Rentals Converted to Market):**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | **TOTAL** | INELG. |
| | | | | | | | | | | | | | | |

H. **Subsidy (other than any activity already reported on this form):**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | **TOTAL** | INELG. |
| | | | | | | | | | | | | | | |

I. **Other Assistance:**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | TOTAL | INELG. | VLOW | LOW | MOD | **TOTAL** | INELG. |
| | | | | | | | | | | | | | | |

**TOTAL UNITS (Add only TOTAL of all "TOTAL Elderly / Non Elderly Units"):** _____

***If TOTAL UNITS is less than "Total Project Units" shown on HCD Schedule D1, report the remainder as instructed below.***

**Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:**

☐ Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:
☐ Inside Project Area (Sch HCD-D3)
☐ Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:
☐ Without LMIHF (Sch HCD-D6)
☐ No Assistance (Sch HCD-D7)

**SCHEDULE HCD-D6**

**OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITHOUT LMIHF)**

***(units not claimed on Schedule D-2,3,4,5,7)***

***(units without minimum affordability restrictions and/or units that agency or community does not control)***

**Agency:** _____

**Redevelopment Project Area Name, or "Outside":** _____

**Affordable Housing Project Name:** _____

**Check only one:**

☐ Inside Project Area ☐ Outside Project Area

**Check only one. If both apply, complete a separate form for each (with another Sch-D1):**

☐ Agency Developed ☐ Non-Agency Developed

**Check only one. If both apply, complete a separate form for each (with another Sch-D1):**

☐ Rental ☐ Owner-Occupied

**Enter the number of units for each applicable activity below:**

*Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total*

A. **New Construction Units:**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | ***AMOD*** | TOTAL | VLOW | LOW | MOD | ***AMOD*** | TOTAL | VLOW | LOW | MOD | ***AMOD*** | TOTAL |
| | | | | | | | | | | | | | | |

B. **Substantial Rehabilitation Units (increased value, inclusive of land, is > 25%):**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | ***AMOD*** | TOTAL | VLOW | LOW | MOD | ***AMOD*** | TOTAL | VLOW | LOW | MOD | ***AMOD*** | TOTAL |
| | | | | | | | | | | | | | | |

C. **Other Non-Substantial Rehabilitation Units:**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | ***AMOD*** | TOTAL | VLOW | LOW | MOD | ***AMOD*** | TOTAL | VLOW | LOW | MOD | ***AMOD*** | TOTAL |
| | | | | | | | | | | | | | | |

D. **Acquisition Only:**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | ***AMOD*** | TOTAL | VLOW | LOW | MOD | ***AMOD*** | TOTAL | VLOW | LOW | MOD | ***AMOD*** | TOTAL |
| | | | | | | | | | | | | | | |

E. **Mobilehome Owner / Resident:**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | ***AMOD*** | TOTAL | VLOW | LOW | MOD | ***AMOD*** | TOTAL | VLOW | LOW | MOD | ***AMOD*** | TOTAL |
| | | | | | | | | | | | | | | |

F. **Mobilehome Park Owner / Resident:**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | ***AMOD*** | TOTAL | VLOW | LOW | MOD | ***AMOD*** | TOTAL | VLOW | LOW | MOD | ***AMOD*** | TOTAL |
| | | | | | | | | | | | | | | |

Agency Name: _____ Housing Project Name: _____

**SCHEDULE HCD-D6**
**OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITHOUT LMIHF) (continued)**

*Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total*

G. **Preservation (H&S 33334.2(e)(11) Threat of Public Assisted/Subsidized Rentals Converted to Market):**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | *AMOD* | TOTAL | VLOW | LOW | MOD | *AMOD* | TOTAL | VLOW | LOW | MOD | *AMOD* | TOTAL |
| | | | | | | | | | | | | | | |

H. **Preservation "Replacements" (H&S 33334.3(h) Equal "Non-LMIHF" Replacements of Preservation Units:**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | *AMOD* | TOTAL | VLOW | LOW | MOD | *AMOD* | TOTAL | VLOW | LOW | MOD | *AMOD* | TOTAL |
| | | | | | | | | | | | | | | |

I. **Rental Replacement (H&S 33334.3(f)(1)(A) Equal "Non-LMIHF" Replacements of Rental Units:**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | *AMOD* | TOTAL | VLOW | LOW | MOD | *AMOD* | TOTAL | VLOW | LOW | MOD | *AMOD* | TOTAL |
| | | | | | | | | | | | | | | |

J. **Subsidy (other than any activity already reported on this form):**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | *AMOD* | TOTAL | VLOW | LOW | MOD | *AMOD* | TOTAL | VLOW | LOW | MOD | *AMOD* | TOTAL |
| | | | | | | | | | | | | | | |

K. **Other Assistance:**

| Elderly Units | | | | | Non Elderly Units | | | | | TOTAL Elderly & Non Elderly Units | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VLOW | LOW | MOD | *AMOD* | TOTAL | VLOW | LOW | MOD | *AMOD* | TOTAL | VLOW | LOW | MOD | *AMOD* | TOTAL |
| | | | | | | | | | | | | | | |

**TOTAL UNITS (Add only TOTAL of all "TOTAL Elderly / Non Elderly Units"):** _____

***If TOTAL UNITS is less than "Total Project Units" shown on HCD Schedule D1, report the remainder as instructed below.***

**Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:**

☐ Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:
☐ Inside Project Area (Sch HCD-D3)
☐ Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:
☐ With LMIHF (Sch HCD-D5)
☐ No Assistance (Sch HCD-D7)

**SCHEDULE HCD-D7**

**HOUSING UNITS PROVIDED (NO AGENCY ASSISTANCE)**

***(units not claimed on Schedule D-2,3,4,5,6)***

**Agency:** _____

**Redevelopment Project Area Name, or "Outside":** _____

**Housing Project Name:** _____

***NOTE: On this form, only report UNITS NOT REPORTED on HCD-D2 through HCD-D6 for project/program units that have not received any agency assistance. Agency assistance includes either financial assistance (LMIHF or other agency funds) or nonfinancial assistance (design, planning, etc.) provided by agency staff. In some cases, of the total units reported on HCD D1, a portion of units in the same project/program may be agency assisted (reported on HCD-D2 through HCD-D6) whereas other units may be unassisted by the agency (reported on HCD-D7).***

***The intent of this form is to: (1) reconcile any difference between total project/program units reported on HCD-D1 compared to the sum of all the project's/program's units reported on HCD-D2 through HCD-D6, and (2) account for other (nonassisted) housing units provided inside a project area that increases the agency's inclusionary obligation. Reporting nonagency assisted projects outside a project area is optional, if units do not make-up any part of total units reported on HCD-D1.***

***HCD-D7 Reporting Examples***

***Example 1 (reporting partial units): A new 100 unit project was built (reported on HCD-D1, Inside or Outside a project area). Fifty (50) units received agency assistance [30 affordable LMIHF units (reported on either HCD-D2, D3, D4, or D5) and 20 above moderate units were funded with other agency funds (reported on HCD-D6)]. The remaining 50 (privately financed and developed market-rate units) must be reported on HCD-D7 to make up the difference between 100 reported on D1 and 50 reported on D2-D6).***

***Example 2 (reporting all units): Inside a project area a condemned, historic property was substantially rehabilitated (multi-family or single-family), funded by tax credits and other private financing without any agency assistance.***

**Check whether Inside or Outside Project Area in completing applicable information below:**

☐ Inside Project Area

**Enter the number for each applicable activity:**

**New Construction Units:** ☐

**Substantial Rehabilitation Units:** ☐

**Total Units:** ☐

**If the agency did not provide any assistance to any part of the inside Project Area project, provide:**

**Building Permit Number:**_____ **Permit Date:** ____/____/____
mo day yr

☐ Outside Project Area

**Enter the number for each applicable activity:**

**New Construction Units:** ☐

**Substantial Rehabilitation Units:** ☐

**Total Units:** ☐

**Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:**

☐ Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:
☐ Inside Project Area (Sch HCD-D3)
☐ Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:
☐ With LMIHF (Sch HCD-D5)
☐ Without LMIHF (Sch HCD-D6)

**SCHEDULE HCD-E**

# CALCULATION OF INCREASE IN AGENCY'S INCLUSIONARY OBLIGATION BASED ON SPECIFIED HOUSING ACTIVITY DURING THE REPORTING YEAR

**Agency:** _____

**Name of Project or Area (if applicable, list "Outside" or "Summary":** _____

***Complete this form to report activity separately by project or area or to summarize activity for the year. Report all new construction and/or substantial rehabilitation units from Forms D2 through D7 that were: (a) developed by the agency and/or (b) developed only in a project area by a nonagency person or entity.***

| | |
|---|---|
| **PART I [H&SC Section 33413(b)(1)]**<br>**AGENCY DEVELOPED UNITS DURING THE REPORTING YEAR**<br>**BOTH INSIDE AND OUTSIDE OF A PROJECT AREA** | |
| 1. New Units Developed by the Agency | |
| 2. Substantially Rehabilitated Units Developed by the Agency | |
| 3. Subtotal - Baseline of Agency Developed Units (add lines 1 & 2) | |
| 4. Subtotal of Increased Inclusionary Obligation (Line 3 x 30%) *(see Notes 1 and 2 below)* | |
| 5. Very-Low Inclusionary Obligation Increase Units (Line 4 x 50%) | |
| **PART II [H&SC Section 33413(b)(2)]**<br>**NONAGENCY DEVELOPED UNITS DURING THE REPORTING YEAR**<br>**ONLY INSIDE A PROJECT AREA** | |
| 6. New Units Developed by Any Nonagency Person or Entity | |
| 7. Substantially Rehabilitated Units Developed by Any Nonagency Person or Entity | |
| 8. Subtotal - Baseline of Nonagency Developed Units (add lines 6 & 7) | |
| 9. Subtotal of Increased Inclusionary Obligation (Line 8 x 15%) *(see Notes 1 and 2 below)* | |
| 10. Very-Low Inclusionary Obligation Increase (Line 9 x 40%) | |
| **PART III REPORTING YEAR TOTALS** | |
| 11. Total Increase in Inclusionary Obligation (add lines 4 and 9) | |
| 12. Very-Low Inclusionary Obligation Increase (add lines 5 and 10) ***(Line 12 is a subset of Line 11)*** | |

**********

***NOTES:***

1. ***Section 33413(b)(1), (2), and (4) require agencies to ensure that applicable percentages (30% or 15%) of all (market-rate and affordable) "new and substantially rehabilitated dwelling units" are made available at affordable housing cost within 10-year planning periods. Market-rate units: units not assisted with low-mod funds and jurisdiction does not control affordability restrictions. Affordable units: units generally restricted for the longest feasible time beyond the redevelopment plan's land use controls and jurisdiction controls affordability restrictions. Agency developed units: market-rate units can not exceed 70 percent and affordable units must be at least 30 percent; however, all units assisted with low-mod funds must be affordable. Nonagency developed (project area) units: market-rate units can not exceed 85 percent and affordable units must be at least 15 percent.***
2. ***Production requirements may be met on a project-by-project basis or in aggregate within each 10-year planning period. The percentage of affordable units relative to total units required within each 10-year planning period may be calculated as follows:***

$$\textit{AFFORDABLE units} = \frac{\textit{Market-rate} \times (.30 \text{ or } .15)}{(.70 \text{ or } .85)} \qquad \textit{TOTAL units} = \frac{\textit{Market-rate}}{(.70 \text{ or } .85)} \text{ or } \frac{\textit{Affordable}}{(.30 \text{ or } .15)}$$