



**CITY OF ENCINITAS**  
 Development Services Department  
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# HOUSING SUPPLEMENT AND TENANT INCOME FORM

Project Application No.: \_\_\_\_\_

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

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

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

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

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

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

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

3. Please complete the table:

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

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Withdrawn from rent or lease under the Ellis Act within the last 10 years?		

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

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

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

- Owner Occupied  Renter Occupied  Combination – Specify Unit Occupancy \_\_\_\_\_

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

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

# Housing Supplement – Tenant Income Form

**\*\*\* IMPORTANT – PLEASE READ \*\*\***

California State Law [[Gov. Code § 66300-66301 et. seq.](#)] requires a housing development project that proposes to remove existing residential dwelling units to replace the same number of housing units that exist on the site.

**Additionally, State Law provides protections to eligible households residing in existing residential dwelling units with the right to occupy the unit until six-months prior to the start of construction, relocation benefits, and the right of first refusal to return to the property once construction is completed. This form will help the City determine the household’s eligibility under these benefits, so it is very important that this form be completed accurately and completely. This includes applicable source documentation.**

Please indicate if the Tenant Income information is either (check all that apply):

Known. See information provided below.

Unknown.

The unit is:  Occupied or  Vacant – Last Occupied Year \_\_\_\_\_

**Please note:** If the tenant household income information is unknown, then the unit is presumed to be “protected” as defined in [Gov. Code § 66300.5\(h\)](#). This means that any replacement dwelling unit is subject to become a deed restricted affordable unit for a minimum term of 55 years based upon the City’s income distribution identified within the Comprehensive Housing Affordability Strategy (CHAS) data prepared by Federal Department of Housing and Urban Development [[Gov. Code § 66208.\(2\)\(A\)](#)]. If the tenant income information is known, and the income is determined to be lower income as defined by Health and Safety Code § 50079.5, then any replacement dwelling unit is subject to become a deed restricted affordable unit for a minimum term of 55 years. If you have any questions or need assistance with completing this form, please contact the Housing Hotline at (760) 633-2723 or [housing@encinitasca.gov](mailto:housing@encinitasca.gov).

ADDRESS		BEDROOM COUNT	
RENT	UTILITIES INCLUDED IN RENT (Circle all that apply)	WATER SEWER TRASH GAS/ELECTRICITY	
HOUSEHOLD COMPOSITION			
REQUIRED		OPTIONAL	
Name	Age	Race	Ethnicity (Hispanic/Non-Hispanic)
1			
2			
3			
4			
5			

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

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

GROSS ANNUAL INCOME				
Name of Household Member	Annual Earnings	Social Security/Pension	Public Assistance/Unemployment	Other Income
<b>TOTAL:</b>	\$	\$	\$	\$

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

### CERTIFICATION

#### APPLICANT CERTIFICATION

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### TENANT CERTIFICATION

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Suplemento de Vivienda - Formulario de Ingresos del Inquilino

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

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

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

Por favor indique si la información de ingresos del inquilino usted (marque todo lo que corresponda):

Lo sabe

No lo sabe

La unidad es:  Ocupada o  Vacante – Fue ocupada por última vez este año: \_\_\_\_\_

**Nota:** Si se desconoce la información sobre los ingresos de la unidad familiar del inquilino, se presume que la unidad está “protegida” tal como se define en [Código de Gobierno § 66300.5\(h\)](#). Esto significa que cualquier unidad de vivienda de sustitución está sujeta a convertirse en una unidad asequible restringida por escritura durante un plazo mínimo de 55 años basado en la distribución de ingresos de la ciudad identificada en los datos de la Estrategia Integral de Asequibilidad de Vivienda (CHAS) preparada por el Departamento Federal de Vivienda y Desarrollo Urbano [[Código de Gobierno § 66208.\(2\)\(A\)](#)]. Si se conoce la información sobre los ingresos del inquilino, y se determina que los ingresos son de bajos recursos a los definidos por el Código de Salud y Seguridad § 50079.5 ([FindLaw](#)), entonces cualquier unidad de vivienda de sustitución está sujeta a convertirse en una unidad asequible restringida por escritura por un plazo mínimo de 55 años. Si tiene alguna pregunta o necesita ayuda para completar este formulario, comuníquese con Housing Hotline al (760) 633-2723 o [housing@encinitasca.gov](mailto:housing@encinitasca.gov).

<b>DIRECCIÓN</b>		<b>NUMERO DE HABITACIONES:</b>	
<b>RENTA</b>	<b>UTILIDADES INCLUIDAS:</b>	AGUA DRENAJE BASURA GAS/ELECTRICIDAD	
COMPOSICIÓN DEL HOGAR			
REQUERIDO		OPCIONAL	
Nombre	Edad	Raza	Etnicidad (Hispano/No Hispano)
1			
2			
3			
4			
5			

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

W2  Seguridad Social/ Ingreso Suplemental  Cuenta de pérdidas y ganancias - Trabajo por cuenta propia (6 meses recientes)

Recibos de pago (3 meses recientes)  Desempleo o Asistencia Pública

INGRESO BRUTO ANUAL				
Nombre del miembro del hogar	Salarios Anuales	Seguro Social/Pensiones	Asistencia Pública/ Desempleo	Otros Ingresos

<b>TOTALS</b>	\$	\$	\$	\$
<b>Ingresos anuales totales:</b>				\$
<b>VALOR TOTAL DEL ACTIVO</b>				
<b>Tipo de Activo</b>	<b>Nombre del miembro del hogar</b>		<b>Saldo de la cuenta o valor efectivo del activo</b>	
Cuenta de Cheques				
Cuenta de Ahorros				
Cuenta de Retiro				
Otro				
<b>Valor Total De Los Activos:</b>				\$
Si el valor total en efectivo de todos los activos supera los \$50,000, multiplique el total por la tasa de la libreta de HUD para calcular el ingreso imputado		Tasa Actual de Libreta: <b>.40%</b>	Suma del valor total de los activos x 0.004= Cantidad de Ingresos Imputados	
<b>SUMA DE LOS INGRESOS ANUALES Y EL VALOR DE LOS ACTIVOS=</b>				

## CERTIFICACIÓN

### CERTIFICACIÓN DEL SOLICITANTE

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

\_\_\_\_\_  
Nombre

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Nombre

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha

### CERTIFICACIÓN DE INQUILINO

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

\_\_\_\_\_  
Nombre

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Nombre

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha