



CITY OF ENCINITAS
 Development Services Department
 505 S. Vulcan Ave
 Encinitas, CA 92024
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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		
Total		

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

Owner Occupied (No.) units _____ Renter Occupied (No.) units _____

N/A (Existing units will not be demolished)

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

3. Please complete the table:

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

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Withdrawn from rent or lease under the Ellis Act within the last 10 years?		

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

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

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

Owner Occupied Renter Occupied Combination – Specify Unit Occupancy _____

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

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

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.

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

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

- W2
- 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
TOTAL:	\$	\$	\$	\$
Total Annual Income:				\$

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

CERTIFICATION

APPLICANT CERTIFICATION

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

Name

Signature

Date

Name

Signature

Date

TENANT CERTIFICATION

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

Name

Signature

Date

Name

Signature

Date

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 a determinar la elegibilidad de su hogar, por lo que es muy importante que este formulario se complete de manera precisa y completa, incluida la documentación correspondiente.

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

DIRECCIÓN			NUMERO DE HABITACIONES:	
RENTA		UTILIDADES INCLUIDAS:	AGUA DRENAJE BASURA GAS/ELECTRICIDAD	

COMPOSICIÓN DEL HOGAR				
	Nombre	Edad	Raza	OPCIONAL 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
 Profit/Loss Statement – Self Employment (6 recent months)
- Recibos de pago (3 meses recientes)
 Desempleo o Asistencia Pública

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

VALOR TOTAL DEL ACTIVO			
Nombre	Tipo de Activo (Cheques, Ahorros, 401k, etc....)	Valor en Efectivo del Activo	Ingreso Anual de Activos (Intereses o Dividendos)
TOTALS:		\$	\$
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 de Libreta X Actual .40%	= Imputado Ingreso \$
Agregar totales desde arriba:			\$
(Agregue el ingreso real o el ingreso imputado del activo al ingreso total)			
Ingreso total anual de todos los habitantes del hogar:			\$

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