

HOUSING CRISIS ACT ASSESSMENT FOR DWELLING UNITS TO BE DEMOLISHED

This supplemental form is intended to gather information and is not an application. If you have questions or need assistance, please contact Planning & Development at (559) 621-8277 or planning@fresno.gov. Please submit this form by emailing it to planning@fresno.gov.

Planning Application # _____ **AND/OR** **Demolition Permit #** _____

APN(s) _____

SUMMARY OF REQUIREMENTS

The Housing Crisis Act of 2019 (California Government Code §66300.5-66300.6) prohibits any reduction in the number of existing residential units on a site through demolition or conversion, unless they are replaced. A proposed development project must replace at least the greatest number of dwelling units that existed on the site within the past five (5) years, either on-site or off-site. This applies to both rental and for-sale units, and to both units that are vacant and occupied. Certain units are considered “protected” and additional requirements apply to the replacement of protected units.

For purposes of development in the City of Fresno, protected units mean either:

- Residential dwelling units that are, or were within the past five (5) years, subject to a recorded covenant that restricts rents to levels affordable to persons and families of lower or very low income; or
- Residential dwelling units that are, or were within the past five (5) years, rented by lower or very low income households.

DETERMINATION PROCESS

Determinations of required replacement units are made pursuant to California Government Code §66300.5 - 66300.6. The City will use this completed form and documentation provided to determine how many replacement units will be required and how many protected units exist.

Determining protected units: A unit will be determined to be protected based on either 1) the terms of any existing covenants or 2) the household size and income level of the current or former occupants. This information will also be used to determine the income category of the replacement for the protected unit. Occupants' income levels are ascertained through documentation such as tax returns, pay stubs, and benefit letters. The owner is responsible for engaging with occupants of each household to obtain this documentation.

Presumption of income when information is incomplete: If occupants do not provide sufficient income information or complete information for the past five years is not available, state law provides that the determination will be made based on the percentage of very low- and low-income renters in the City of Fresno as shown in the Housing and Urban Development (HUD) Comprehensive Housing Affordability Strategy (CHAS) database. Replacement calculations resulting in fractions shall be rounded up to the next whole number.

RIGHT OF RETURN AND RIGHT TO REMAIN FOR OCCUPANTS OF PROTECTED UNITS

State law provides that lower-income households in protected units have the right of first refusal for a comparable unit in the new housing development. Exceptions occur when 1) the development project consists of a single residential unit located on a site where a single protected unit is being demolished, or 2) 100% of the units in the new development project, exclusive of a manager's unit(s), are reserved for lower income households. Comparable replacement units must be the same type of unit with the same number of bedrooms (California Government Code §65915 (c)(3)(B)), and must be provided at a rent or sales price affordable to the same or lower income category. Occupants of protected units also are entitled to receive relocation assistance pursuant to state law, and have the right to remain in their unit until six (6) months before the start of construction. Any existing occupants that are required to leave their units shall be allowed to return at their prior rental rate if the demolition does not proceed and the property is returned to the rental market.

REQUIRED DOCUMENTATION

The following items are needed to complete the assessment and continue review of the entitlement or permit application:

- Housing Crisis Act Assessment (required)
- Tenant Table (required)
- A complete five-year analysis of the occupancy and household incomes for every dwelling unit proposed for demolition, documented in the Tenant Table. If the current tenancy of the unit is less than five (5) years, then the same information must be provided for all tenants of the unit within the last five (5) years. Proof of income must include substantial evidence such as tax returns, W-2s, benefit statements, etc.
- Vacancy Table (if applicable)
- Covenant Table (if applicable)
- Affidavit (one of two options):
 - Property Owner's Affidavit; or
 - Applicant Affidavit and Property Owner's Authorization.

CONTACT INFORMATION

Who is the primary contact? Owner

Applicant (if different)

Property Owner Name:			
Firm Name (if applicable):			
E-mail Address:		Phone Number:	
Address:			

Applicant Name (if different):			
Firm Name (if applicable):			
E-mail Address:		Phone Number:	
Address:			

HOUSING CRISIS ACT ASSESSMENT FORM

The following items shall be fully completed; all questions are required.

The proposed project is (check one):

- Single-unit residential
- Multi-unit residential
- Mixed use (at least 2/3 of floor area is designated for residential use)
- Transitional or supportive housing
- Non-residential

Existing & Proposed Residential Units

- Number of dwelling units currently on the site (include ADUs/JADUs)
- Number of dwelling units to be demolished
- Number of dwelling units demolished on the site in the past five (5) years?
- Number of dwelling units proposed _____
- Number of proposed dwelling units for sale ____ or rent
- Provide the number of bedrooms in the proposed units in the table below. Include ADUs/JADUs.

# of Units	# of Bedrooms
	Studio
	1 BR
	2 BR
	3 BR
	4+ BR

Existing Affordability Covenants

Are any units to be demolished, or that were demolished within the last five (5) years, subject to a recorded covenant that restricts rents to levels affordable to persons and families of lower income households?

Yes No

If yes, provide the number of units and income levels below.

# of Units	Extremely Low	Very Low	Low	Moderate

TENANT TABLE

Providing complete and accurate information benefits your project timeline. For each unit to be demolished, list all occupants for the last five (5) years. If additional rows are needed to list all occupants for each unit, copy this page.

Unit #	Primary Tenant Name	Primary Tenant Phone	# of Bedrooms	Monthly Rent	Household Size	Annual Household Income*	Start Date of Tenancy	End Date of Tenancy

*Income information shall include all residents in the household and be supported by documentation including tax returns, W-2s, benefit statements, etc.

PROPERTY OWNER'S AFFIDAVIT

To be filled out when the Property Owner is the Applicant.

Regarding the property located at:

Address:	
Assessor Parcel Number(s):	
Property Owner or Entity Name:	

Owner is a (select one):

- | | |
|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Person | <input type="checkbox"/> LLC |
| <input type="checkbox"/> LP | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Other | |

Owner declares under penalty of perjury that the following is true and correct:

- Owner is the legal owner of the above-referenced real property ("Property").
- If the owner is not a person, that the person(s) identified below ("Authorized Signatory/ies") has/have been legally authorized to sign on the Owner's behalf as evidenced by the separate instrument/s attached herewith.
- The documents furnished herewith represent the full and complete information required for the replacement unit determination for the property and that the facts, statements, and information presented are true and correct to the best of the owner's knowledge and belief.
- Owner understands that if the income levels of all households in all units for the previous five (5) years cannot be provided and/or verified, the most recently available Comprehensive Housing Affordability Strategy (CHAS) data from the US Department of Housing and Urban Development will be used to determine the required affordability restrictions.

Signature:		Date:	
Print Name:			

Signature:		Date:	
Print Name:			

Must be notarized. Attach additional sheets if necessary

APPLICANT AFFIDAVIT & PROPERTY OWNER’S AUTHORIZATION

To be filled out when the Property Owner and Applicant are separate entities.

Regarding the property located at:

Address:	
Assessor Parcel Number(s):	
Property Owner or Entity Name:	

Owner is a (select one):

- Person LLC
 LP Corporation
 Other

Applicant declares under penalty of perjury that the following is true and correct:

- That the person(s) identified below (“Authorized Signatory/ies”) has/have been legally authorized to sign on the Owner’s behalf as evidenced by the separate instrument/s attached herewith.
- The documents furnished herewith represent the full and complete information required for the residential replacement unit determination requested for the property and that the facts, statements, and information presented are true and correct to the best of the owner’s knowledge and belief.
- Applicant understands that if the income levels of all households of all units for the previous five (5) years cannot be provided or verified, the most recently available Comprehensive Housing Affordability Strategy (CHAS) data from the US Department of Housing and Urban Development will be used to determine the required affordability restrictions.

Signature:		Date:	
Print Name:			

Signature:		Date:	
Print Name:			

Must be notarized. Attach additional sheets if necessary.
Attach Property Owner’s Letter of Authorization.