



PLANNING DIVISION
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ACCESSORY DWELLING UNIT (ADU) QUESTIONNAIRE

THIS QUESTIONNAIRE WILL ASSIST THE CITY IN OBTAINING AFFORDABLE HOUSING CREDIT FOR NEW ACCESSORY DWELLING UNITS

PROJECT ADDRESS: _____

PROPERTY OWNER/ AUTHORIZED AGENT NAME: _____

CONTACT PHONE #: _____

EMAIL ADDRESS: _____

1. What is the intended use of the ADU?

- ☐ Full-time occupancy by a family member or friend
- ☐ Full-time occupancy by a household employee or caregiver
- ☐ Occasional use by guests
- ☐ Rental to tenants

Other: _____

2. How many persons will typically occupy the unit? _____

3. Will any rent be charged?

- ☐ Yes – expected monthly rent: \$_____
- ☐ No – the unit is intended for use by household
- ☐ No – the unit is intended for use by family, friends or guests
- ☐ Other: _____

4. Will utilities be paid by the occupant or the owner?

- ☐ Utilities paid by Occupant
- ☐ Utilities paid by Owners

5. Are you interested in having an affordability agreement placed on your ADU?

This would limit the unit to being rented to lower income households at an affordable rate and assist the City in meeting state Regional Housing Needs.

- ☐ Yes
 - ☐ No
 - ☐ Provide more information
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