CITY OF CARPINTERIA
COMMUNITY DEVELOPMENT DEPARTMENT

REPLACEMENT DWELLING UNIT DETERMINATION
REQUIRED INFORMATION

Please be aware that the requested information is necessary for the City to comply with State laws, including, but not limited to, the Housing Crisis Act of 2019 (Government Code § 66300.5-66300.6), the Mello Act (Government Code §§ 65590-65590.1) and the Tenant Protection Act of 2019 (Civil Code, § 1946.2). State law requires that housing development projects that involve the demolition of residential dwelling units create at least as many units as will be demolished. In addition, if residential dwelling units qualify as "protected units," you will be asked to demonstrate your ability to provide replacement lower income housing and provide certain relocation assistance to existing occupants according to State law. (See, e.g., Government Code § 66300.6)

☐ Project site includes existing residential dwelling units[1]

Indicate number of residential dwelling units _____

Indicate whether the number of dwelling units has changed over the past five years and if so, the number of dwelling units formerly at the property _____

How many units are occupied? _____

Does the property owner live on-site?

☐ Yes

☐ No

Is the property owner a real estate investment trust, corporation, or LLC with at least one member that is a corporation?

☐ Yes

☐ No

[1] See Carpinteria Municipal Code, §§ 14.08.190, 14.08.541; Civil Code, § 1940.

If the units are currently occupied, or have been occupied within the past 5 years, provide the following information:

Address/ Unit No.	**Status Leased/Vacant** (If vacant, indicate when unit became vacant)	**Size** (#bed/#bath)	**Lease Term** (Start & end dates)	**Number of Tenants / Occupants**	**Unit to be Demolished / Renovated** (Yes/No)
		/			
		/			
		/			
		/			

List of all evictions in last five years (or within the last 10 years for evictions under the Ellis Act), including tenant name, address/unit #, move out date, and tenant's current contact address, phone number and email. Include copies of eviction notices.

_____

_____

Does this property have a Certificate of Occupancy issued within the past 15 years?

- ☐ Yes
- ☐ No

If any units are or were occupied by lower and moderate income tenants,[2] describe plans to provide replacement units and relocation assistance. If you believe you are exempt from the requirement to provide replacement units and relocation assistance, explain why:

_____

_____

Provide copies of:

- ☐ An Income Certification Form (attached) for each occupant/household residing at the property currently and within the past 5 years.
- ☐ Copy of the written notice to tenants that their lease is exempt from the Tenant Protection Act of 2019 or City's Just Cause for Termination of Residential Tenancy Ordinance
- ☐ Copy of the notice to tenants regarding the application to demolish the building
- ☐ Eviction notices, if any

[2] See Heal. & Saf. Code, § 50079.5; see Department of Housing and Community Development, 2024 State Income Limits, https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/income-limits-2024.pdf.

Staff use only:
Project proposes to demolish “protected units” (e.g., Government Code, § 66300.5(h))
☐ Yes ☐ No
If yes, property identified City’s Housing Element Sites Inventory?
☐ Yes ☐ No
Replacement housing is sufficient to meeting state law requirements?
☐ Yes ☐ No

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INCOME CERTIFICATION FORM

As part of any Project application that proposes to demolish residential dwelling units, certain income information for each household currently residing at the property, and residing at the property within the last five years, must be submitted. The City will treat all the information on this form as confidential, and will not be subject to public disclosure to the maximum extent provided by law.

Project Address (include apt. or unit #): _____

Number of bedrooms/bathrooms: ____ bedrooms / ____ bathrooms

Number of people in household: _____

Dates of occupancy: _____

Is the tenant/occupant currently receiving rental assistance, such as Section 8 or another subsidy program? ☐ Yes ☐ No

TOTAL ANNUAL HOUSEHOLD INCOME[3]:

Household Size	Annual Household Income	Monthly Rental Charge	Income Category (to be completed by city staff)

By my signature below, I certify under penalty of perjury that I have the authority to sign this form on behalf of the property owner and that the foregoing statements are true and correct to the best of my knowledge.

_____ _____
Signature Date

_____ _____
Print Name Email/Cell Phone

_____
Title

[3] If the income category of the last household in occupancy is not known, it shall be rebuttably presumed that lower income renter households occupied these units in the same proportion of lower income renter households to all renter households within the City. (See Government Code §§ 65915(c)(3), 66300.5(i).)