MEETING DATE: 12/17/07

AGENDA ITEM: A Joint Meeting of the Culver City Redevelopment Agency and the Culver City City Council to Consider the Culver City Redevelopment Agency's Annual State Controller's Report For Fiscal Year 2006-07.

ATTACHMENTS

		Pages
1.	Housing and Community Development Department Annual Report Forms (HCD Schedules) for Fiscal Year 2006-07	1-54
2.	Financial Transactions Report for Fiscal Year 2006-07	55-85
3.	Audit Compliance Letters	86-89
4.	Financial Audit For Fiscal Year 2006-07	90-124
5.	Blight Progress Report	125
6.	Loan Report	126
7.	Property Report	127-133

Attachment No.1

CALIFORNIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
REDEVELOPMENT AGENCY ANNUAL HOUSING ACTIVITY REPORT
FY ENDING: June / 30 / 2007

Agency Name and Address:
Culver City Redevelopment Agency
9770 Culver Blvd.
Culver City, CA 90232

County of Jurisdiction:
Los Angeles

Health & Safety Code Section 33080.1 requires agencies (RDAs) to annually report on their Low & Moderate Income Housing Fund and housing activities for the Department of Housing and Community Development (HCD) to report on RDAs' activities in accordance with Section 33080.6.

Please answer each question below. Your answers determine how to complete the HCD report.

1. Check one of the items below to identify the Agency's status at the end of the reporting period:
   - ☐ New (Agency formation occurred during reporting year. No financial transactions were completed).
   - ☒ Active (Financial and/or housing transactions occurred during the reporting year)
   - ☐ Inactive (No financial and/or housing transactions occurred during the reporting year). ONLY COMPLETE ITEM 7
   - ☐ Dismantled (Agency adopted an ordinance and dissolved itself before start of reporting year). ONLY COMPLETE ITEM 7
2. During reporting year, how many adopted project areas existed? 1 Of these, how many were merged during year? 0
   If the agency has one or more adopted project areas, complete SCHEDULE HCD-A for ***each project area***.
   If the agency has no adopted project areas, DO NOT complete SCHEDULE HCD-A (refer to next question).
3. Within an area outside of any adopted project area(s): (a) did the agency destroy or remove any dwelling units or displace any households over the reporting period, (b) does the agency intend to displace any households over the next reporting period, (c) did the agency permit the sale of any owner-occupied unit prior to the expiration of land use controls over the reporting period, and/or (d) did the agency execute a contract or agreement for the construction of any affordable units over the next two years?
   - ☒ Yes (any question). Complete SCHEDULE HCD-B.
   - ☐ No (all questions). DO NOT complete SCHEDULE HCD-B (refer to next question).
4. Did the agency's Low & Moderate Income Housing Fund have any assets during the reporting period?
   - ☒ Yes. Complete SCHEDULE HCD-C.
   - ☐ No. DO NOT complete SCHEDULE HCD-C.
5. During the reporting period, were housing units completed within a project area and/or assisted by the agency outside a project area?
   - ☒ Yes. Complete all applicable HCD SCHEDULES D1-D7 for ***each housing project completed*** and HCD SCHEDULE E.
   - ☐ No. DO NOT complete HCD SCHEDULES D1-D7 or HCD SCHEDULE E.
6. Specify whether method A and/or B was used to report financial and housing activity information to HCD:
   - ☒ A. Forms. All required HCD SCHEDULES A, B, C, D1-D7, and E are attached.
   - ☐ B. On-line (*http://www.hcd.ca.gov/rda/*) "Lock Report" date: _____. HCD SCHEDULES not required.
     (lock date is shown under *"Admin" Area and "Report Change History")*
7. To the best of my knowledge: (a) the representations made above and (b) agency information reported are correct.

11/28/2007
Date

Signature of Authorized Agency Representative

Housing Administrator
Title

(310) 253-5780
Telephone Number

- ***IF NOT REQUIRED TO REPORT, SUBMIT ONLY A PAPER COPY OF THIS PAGE.***
- ***IF REQUIRED TO REPORT, AND REPORTING BY USING PAPER FORMS (IN PLACE OF REPORTING ON-LINE), SUBMIT THIS PAGE AND ALL APPLICABLE HCD FORMS (SCHEDULES A-E) WITH A COPY OF AGENCY'S AUDIT.***
- ***IF REPORTING ON-LINE, PRINT AND SUBMIT "CONFIRMATION LETTER" UPON LOCKING REPORT***
- ***MAIL A COPY OF (a) CONFIRMATION LETTER (IF HCD REPORT WAS ELECTRONICALLY FILED) OR (b) COMPLETED FORMS AND (c) AUDIT REPORT TO BOTH HCD AND THE SCO:***

Department of Housing & Community Development
Division of Housing Policy
Redevelopment Section
1800 3rd Street, Suite 430
Sacramento, CA 95814

The State Controller
Division of Accounting and Reporting
Local Government Reporting Section
3301 C Street. Suite 500
Sacramento, CA 95816

SCHEDULE HCD-A
Inside Project Area Activity

for Fiscal Year that Ended 06 / 30 / 2007

Agency Name: Culver City Redev. Agy. Project Area Name: Culver City Redev. Project
Preparer's Name, Title: Tevis Barnes Housing Administrato Preparer's E-Mail Address: tevis.barnes@culvercity.org
Preparer's Telephone No: (310) 253-5780 Preparer's Facsimile No: (310) 253-5785

GENERAL INFORMATION

1. Project Area Information
   a. 1. Year 1st plan for project area was adopted: Component 1, 1971 Expiration 07/26/2014
      2. Year that plan was last amended (if applicable): " 2, 1971 12/28/2014
      3. Was plan amended to extend time limits? No____ Yes X " 3, 1975 11/25/2018
      4. If plan was extended, identify Section of Health and Safety Code applicable to extension: SB1045, SB1096 " 4, 1998 11/23/2029
      5. Project Area Time Limits:
         (a) Expiration date of Redevelopment Plan: 11/ 23/ 2029 (mo day yr)
         (b) Expiration date to incur debt: 11/ 23/ 2018 (mo day yr)
         (c) Expiration date to receive property tax revenue: 11/ 23/ 2044 (mo day yr)
         (d) Expiration date to start Eminent Domain: 11/ 23/ 2010 (mo day yr)
   b. If project area name has changed, give previous name(s) or number: Slauson, Sepulveda/Overland, Jefferson/Culver & Washington Bl.
   c. Year(s) of any mergers of the project area: 1998,____,____,____
      Identify former project areas that merged: All
   d. Year(s) project area plan was amended involving real property that either:
      (1) Added property to plan: 1998,____,____,____
      (2) Removed property from plan: N/A,____,____,____

2. Affordable Housing Replacement and/or Inclusionary or Production Requirements (Section 33413).
Pre-1976 project areas not subsequently amended after 1975: Pursuant to Section 33413(d), only Section 33413(a) replacement requirements apply to dwelling units destroyed or removed after 1995. The Agency can choose to apply all or part of Section 33413 to a project area plan adopted before 1976. If the agency has elected to apply all or part of Section 33413, provide the date of the resolution and the applicable Section 33413 requirements addressed in the scope of the resolution.

Date: ____/____/____ (mo day yr) Resolution Scope (applicable Section 33413 requirements): N/A

Post-1975 project areas and geographic areas added by amendment after 1975 to pre-1976 project areas: Both replacement and inclusionary or production requirements of Section 33413 apply.

NOTE:
Amounts to report on HCD-A lines 3a(1), 3b-3f, and 3i. can be taken from what is reported to the State Controller's Office (SCO) on the Statement of Income and Expenditures as part of the Redevelopment Agency's Financial Transactions Report, except for the reclassifying of Transfers-In from Internal Funds and the reporting of Other Sources as discussed below:

Transfers-In from other internal funds: Report the amount of transferred funds on applicable HCD-A, lines 3a-j. For example, report the amount transferred from the Debt Service Fund to the Housing Fund for the deposit of the required set-aside percentage/amount by reporting gross tax increment on HCD-A, Line 3a(1) and report the Housing Fund's share of expenditures for debt service on HCD-C, Line 4c. Do not report "net" funds transferred from the Debt Service Fund on HCD-A, Line 3a(3) when reporting debt service expenditures on HCD-C, Line 4c.

Other Sources: Non-GAAP (Generally Acceptable Accounting Principles) revenues such as from land sales for those agencies using the Land Held for Resale method to record land sales should be reported on HCD-A Line 3d. Housing fund receipts for the repayment of loan principal should be included on HCD-A Line 3h.

2.

Agency Name: Culver City Redev. Agy. Project Area Name: _____

Project Area Housing Fund Revenues and Other Sources

3. Report all revenues and other sources of funds from this project area which accrued to the Housing Fund over the reporting year. Any income related to agency-assisted housing located outside the project area(s) should be reported as "Other Revenue" on Line 3j. (of this Schedule A), if this project area is named as beneficiary in the authorizing resolution. Any other revenue sources not reported on lines 3a.-3i., should also be reported on Line 3j.

   Enter on Line 3a(1) the full 100% of gross Tax Increment allocated prior to applicable pass through of funds and deductions for fees (refer to Sections 33401, 33446, & 33676). Compute the required minimum percentage (%) of gross Tax Increment and enter the amount on Line 3a(2)(A) or 3a(2)(B). Next, report the amount of Tax Increment set-aside before any exemption and/or deferral (if amount set-aside is less than required minimum (%), explain the difference). If any amount of Tax Increment was exempted or deferred, in addition to completing lines 3a(4) and/or 3a(5), complete Line 4 and/or Line 5. To determine the amount of Tax Increment deposited to the Housing Fund [Line 3a(6)], subtract allowable amounts exempted [Line 3a(4)] or deferred [Line 3a(5)] from the actual amount allocated to the Housing Fund [Line 3a(3)].

   a. Tax Increment:
      (1) 100% of Gross Allocation: $ 28,461,076
      (2) Calculate only 1 set-aside amount: either (A) or (B) below:
         (A) 20% required by 33334.2 (Line 3a(1) x 20%): $ 5,692,215
         (B) 30% required by 33333.10(g) (Line 3a(1) x 30%): $ _____
         (Senate Bill 211, Chapter 741, Statutes of 2001)
      (3) Amount of set-aside (Line 3a(2)) allocated to Housing Fund $ 5,692,215
         * If, pursuant to Section 33334.3(i), less than the minimum % of Gross Tax Increment (see 3a(2) above) is being allocated from this project area, identify the project area(s) contributing the difference. Explain any other reason(s):

         _____

         _____

         _____

      (4) Amount Exempted [Health & Safety Code Section 33334.2] (if there is an amount exempted, also complete question #4, next page): ($ 0)
      (5) Amount Deferred [Health & Safety Code Section 33334.6] (if there is an amount deferred, also complete question #5, next page): ($ 0)
      (6) Total deposit to the Housing Fund [result of Line 3a(3) through 3a(5)]: $ 5,692,215

   b. Interest Income: $ 727,681

   c. Rental/Lease Income (*combine amounts separately reported to the SCO*): $ 70,500

   d. Sale of Real Estate: $ 0

   e. Grants (*combine amounts separately reported to the SCO*): $ 0

   f. Bond Administrative Fees: $ 0

   g. Deferral Repayments (also complete Line 5c(2) on the next page): $ _____

   h. Loan Repayments: $ _____

   i. Debt Proceeds: $ 0

   j. Other Revenue(s) [Explain and identify amount(s)]:

      _____ $ _____

      _____ $ _____

      _____ $ _____ $ _____

   k. Total Project Area Receipts Deposited to Housing Fund (add lines 3a(6). through 3j.): $ 6,490,396

Agency Name: Culver City Project Area Name: _____

Exemption(s)

4. a. If an exemption was claimed on Page 2, Line 3a(4) to deposit less than the required amount, complete the following information and submit a copy of the required annual "finding" to the Department:

Check only one of the Health and Safety Code Sections below providing a basis for the exemption:

☐ Section 33334.2(a)(1): No need in community to increase/improve supply of lower or moderate income housing.

☐ Section 33334.2(a)(2): Less than the minimum set-aside % (20% or 30%) is sufficient to meet the need.

☐ Section 33334.2(a)(3): Community is making substantial effort equivalent in value to minimum set-aside % (20% or 30%) and has specific contractual obligations incurred before May 1, 1991 requiring continued use of this funding.

Note: The Section 33334.2(a)(3) exemption expired on June 30, 1993 (per subparagraph (C) of the same section). However, certain contracts entered into prior to May 1, 1991 may not be subject to the exemption sunset.

☐ Other: Specify code section and reason(s): _____

_____

b. For any exemption claimed on Page 2, Line 3a(4) and/or Line 4a above, identify:

Date that initial (1st) finding was adopted: ___/___/___ (mo day yr) Resolution # _____ Date sent to HCD: ___/___/___ (mo day yr)

Adoption date of reporting year finding: ___/___/___ (mo day yr) Resolution # _____ Date sent to HCD: ___/___/___ (mo day yr)

Deferral(s)

5. a. Specify the authority for deferring any set-aside on Line 3a(5). Check only one Health and Safety Code Section boxes:

☐ Section 33334.6(d): Applicable to project areas approved before 1986 in which the required resolution was sent to HCD before September 1986 regarding needing tax increment to meet existing obligations. Existing obligations can include those incurred after 1985, if net proceeds were used to refinance pre-1986 listed obligations.

Note: The deferral previously authorized by Section 33334.6(e) expired. It was only allowable in each fiscal year prior to July 1, 1996 with certain restrictions.

☐ Other: Specify code Section and reason:

b. For any deferral claimed on Page 2, Line 3a(5) and/or Line 5a above, identify:

Date that initial (1st) finding was adopted: ___/___/___ (mo day yr) Resolution # _____ Date sent to HCD: ___/___/___ (mo day yr)

Adoption date of reporting year finding: ___/___/___ (mo day yr) Resolution # _____ Date sent to HCD: ___/___/___ (mo day yr)

c. A deferred set-aside pursuant to Section 33334.6(d) constitutes indebtedness to the Housing Fund. Summarize the amount(s) of set-aside deferred over the reporting year and cumulatively as of the end of the reporting year:

Fiscal Year	Amount Deferred This Reporting FY	Amount of Prior Deferrals Repaid During Reporting FY	Cumulative Amount Deferred (Net of Any Amount(s) Repaid)
(1) Last Reporting FY			$
(2) This Reporting FY	$	$	$ * *

** The cumulative amount of deferred set-aside should also be shown on HCD-C, Line 8a.*

If the prior FY cumulative deferral shown above differs from what was reported on the last HCD report (HCD-A and HCD-C), indicate the amount of difference and the reason:

Difference: $_____ Reason(s): _____

_____

4.

Agency Name: Culver City Project Area Name: _____

Deferral(s) (continued)

5.

d. Section 33334.6(g) requires any agency which defers set-aside to adopt a plan to eliminate the deficit in subsequent years.
If this agency has deferred set-asides, has it adopted such a plan? Yes [X] No [ ]

If yes, by what date is the deficit to be eliminated? 11 / 25 / 2028 (mo / day / yr)

If yes, when was the original plan adopted for the claimed deferral? 06 / / 1985 (mo / day / yr)

Identify Resolution # By motio Date Resolution sent to HCD ___/___/___ (mo / day / yr)

When was the last amended plan adopted for the claimed deferral? 06 / / 2006 (mo / day / yr)

Identify Resolution #By motion Date Resolution sent to HCD ___/___/___ (mo / day / yr)

Actual Project Area Households Displaced and Units and Bedrooms Lost Over Reporting Year:

6. a. **Redevelopment Project Activity.** Pursuant to Sections 33080.4(a)(1) and (a)(3), report by income category the number of elderly and nonelderly households permanently displaced and the number of units and bedrooms removed or destroyed, over the reporting year, (refer to Section 33413 for unit and bedroom replacement requirements).

Number of Households/Units/Bedrooms

Project Activity	VL	L	M	AM	Total
Households Permanently Displaced - Elderly					
Households Permanently Displaced - Non Elderly	1			1	
Households Permanently Displaced -Total	1			1	2
Units Lost (Removed or Destroyed) and Required to be Replaced					
Bedrooms Lost (Removed or Destroyed) and Required to be Replaced	1				1
Above Moderate Units Lost That Agency is Not Required to Replace					
Above Moderate Bedrooms Lost That Agency is Not Required to Replace				1	1

b. **Other Activity.** Pursuant to Sections 33080.4(a)(1) and (a)(3) based on activities other than the destruction or removal of dwelling units and bedrooms reported on Line 6a, report by income category the number of elderly and nonelderly households permanently displaced over the reporting year:

Number of Households

Other Activity	VL	L	M	AM	Total
Households Permanently Displaced - Elderly					
Households Permanently Displaced - Non Elderly					
Households Permanently Displaced - Total					

c. As required in Section 33413.5, identify, over the reporting year, each replacement housing plan required to be adopted before the permanent displacement, destruction, and/or removal of dwelling units and bedrooms impacting the households reported on lines 6a. and 6b.

Date 04 / 18 / 05 (mo / day / yr) Name of Agency Custodian John Fisanotti

Date ___/___/___ (mo / day / yr) Name of Agency Custodian _____

Please attach a separate sheet of paper listing any additional housing plans adopted.

Agency Name: Culver City Project Area Name: _____

Estimated Project Area Households to be Permanently Displaced Over Current Fiscal Year:

7. a. As required in Section 33080.4(a)(2) for a redevelopment project of the agency, estimate, over the current fiscal year, the number of elderly and nonelderly households, by income category, expected to be permanently displaced. (Note: actual displacements will be reported for the next reporting year on Line 6).

	Number of Households				
Project Activity	**VL**	**L**	**M**	**AM**	**Total**
Households Permanently Displaced - Elderly					
Households Permanently Displaced - Non Elderly					
Households Permanently Displaced - Total					

b. As required in Section 33413.5, for the current fiscal year, identify each replacement housing plan required to be adopted before the permanent displacement, destruction, and/or removal of dwelling units and bedrooms impacting the households reported in 7a.

Date ____/____/____ (mo day yr) Name of Agency Custodian _____

Date ____/____/____ (mo day yr) Name of Agency Custodian _____

Please attach a separate sheet of paper listing any additional housing plans adopted.

Units Developed Inside the Project Area to Fulfill Requirements of Other Project Area(s)

8. Pursuant to Section 33413(b)(2)(A)(v), agencies may choose one or more project areas to fulfill another project area's requirement to construct new or substantially rehabilitate dwelling units, provided the agency conducts a public hearing and finds, based on substantial evidence, that the aggregation of dwelling units in one or more project areas will not cause or exacerbate racial, ethnic, or economic segregation.

N / A

Were any dwelling units in this project area developed to partially or completely satisfy another project area's requirement to construct new or substantially rehabilitate dwelling units?

☐ No.

☐ Yes. Date initial finding was adopted? ____/____/____ (mo day yr) Resolution # _____ Date sent to HCD: ____/____/____ (mo day yr)

	Number of Dwelling Units			
Name of Other Project Area(s)	**VL**	**L**	**M**	**Total**

6.

Agency Name: Culver City Project Area Name: _____

Sales of Owner-Occupied Units Inside the Project Area Prior to the Expiration of Land Use Controls

9. Section 33413(c)(2)(A) specifies that pursuant to an adopted program, which includes but is not limited to an equity sharing program, agencies may permit the sale of owner-occupied units prior to the expiration of the period of the land use controls established by the agency. Agencies must deposit sale proceeds into the Low and Moderate Income Housing Fund and within three (3) years from the date the unit was sold, expend funds to make another unit equal in affordability, at the same income level, to the unit sold.

   a. Sales. Did the agency permit the sale of any owner-occupied units during the reporting year?

   ☒ No

   ☐ Yes

$ 0	← Total Proceeds From Sales Over Reporting Year	Number of Units			
SALES		VL	L	M	Total
Units Sold Over Reporting Year					

   b. Equal Units. Were reporting year funds spent to make units equal in affordability to units sold over the last three reporting years?

   ☒ No

   ☐ Yes

$	← Total LMIHF Spent On Equal Units Over Reporting Year	Number of Units			
SALES		VL	L	M	Total
Units Made Equal This Reporting Yr to Units Sold Over This Reporting Yr					
Units Made Equal This Reporting Yr to Units Sold One Reporting Yr Ago					
Units Made Equal This Reporting Yr to Units Sold Two Reporting Yrs Ago					
Units Made Equal This Reporting Yr to Units Sold Three Reporting Yrs Ago					

Affordable Units to be Constructed Inside the Project Area Within Two Years

10. Pursuant to Section 33080.4(a)(10), report the number of very low, low, and moderate income units to be financed by any federal, state, local, or private source in order for construction to be completed within two years from the date of the agreement or contract executed over the reporting year. Identify the project and/or contractor, date of the executed agreement or contract, and estimated completion date. Specify the amount reported as an encumbrance on HCD-C, Line 6a. and/or any applicable amount designated on HCD-C, Line 7a. such as for capital outlay or budgeted funds intended to be encumbered for project use within two years from the reporting year's agreement or contract date.

N / A

DO NOT REPORT ANY UNITS ON THIS SCHEDULE A THAT ARE REPORTED ON OTHER HCD-As, B, OR Ds.

Col A Name of Project and/or Contractor	Col B Agreement Execution Date	Col C Estimated Completion Date (w/in 2 yrs of Col B)	Col D Sch C Amount Encumbered [Line 6a]	Col E Sch C Amount Designated [Line 7a]	VL	L	M	Total
			$	$				
			$	$				
			$	$				

Please attach a separate sheet of paper to list additional information.

SCHEDULE HCD-B

Outside Project Area Activity

for Fiscal Year Ended 06 / 30 /2007

Agency Name: Culver City Redev. Agy Project Name: Culver City Redev. Project

Preparer's Name, Title: Tevis Barnes Housing Administrator Preparer's E-Mail Address: tevis/barnes@culvercity.org

Preparer's Telephone No: (310) 253-5780 Preparer's Facsimile No: (310) 253-5785

Actual Households Displaced and Units and Bedrooms Lost Outside of Project Area(s) Over Reporting Year

1. a. **Redevelopment Project Activity.** Pursuant to Sections 33080.4(a)(1) and (a)(3), report by income category the number of elderly and nonelderly households permanently displaced and the number of units and bedrooms removed or destroyed, over the reporting year, (refer to Section 33413 for unit and bedroom replacement requirements).

Number of Households/Units/Bedrooms

Activity	VL	L	M	AM	Total
Households Permanently Displaced – Elderly					
Households Permanently Displaced - Non Elderly					
Households Permanently Displaced – Total					
Units Lost (Removed or Destroyed) and Required to be Replaced					
Bedrooms Lost (Removed or Destroyed) and Required to be Replaced					
Above Moderate Units Lost That Agency is Not Required to Replace					
Above Moderate Bedrooms Lost That Agency is Not Required to Replace					

b. **Other Activity.** Pursuant to Sections 33080.4(a)(1) and (a)(3) based on activities other than the destruction or removal of dwelling units and bedrooms reported on Line 1a, report by income category the number of elderly and nonelderly households permanently displaced over the reporting year.

N / A

Number of Households

Activity	VL	L	M	AM	Total
Households Permanently Displaced - Elderly					
Households Permanently Displaced - Non Elderly					
Households Permanently Displaced – Total					

c. As required in Section 33413.5, identify, over the reporting year, each replacement housing plan required to be adopted before the permanent displacement, destruction, and/or removal of dwelling units and/or bedrooms impacting the households reported on lines 1a. and 1b.

Date ___/___/___ (mo day yr) Name of Agency Custodian _____

Date ___/___/___ (mo day yr) Name of Agency Custodian _____

Please attach a separate sheet of paper listing any additional housing plans adopted.

8.

Agency Name: Culver City

HCD B (Outside Project Area)

Estimated Households Outside of Project Area(s) to be Permanently Displaced Over Current Fiscal Year:

2. a. As required in Section 33080.4(a)(2) for a redevelopment project of the agency, estimate, over the current fiscal year, the number of elderly and nonelderly households, by income category, expected to be permanently displaced. (Note: actual displacements will be reported for the next reporting year on Line 1).

N/A

Estimated Permanent Displacements	Number of Households				
Activity	VL	L	M	AM	Total
Households Permanently Displaced - Elderly					
Households Permanently Displaced - Non Elderly					
Households Permanently Displaced - Total					

b. As required in Section 33413.5, for the current fiscal year, identify each replacement housing plan required to be adopted before the permanent displacement, destruction, and/or removal of dwelling units and bedrooms impacting the households reported on 2a.

Date ____/____/____ (mo day yr) Name of Agency Custodian _____

Date ____/____/____ (mo day yr) Name of Agency Custodian _____

Please attach a separate sheet of paper listing any additional housing plans adopted.

Sales of Owner-Occupied Units Outside of Project Area(s) Prior to the Expiration of Land Use Controls

3. Section 33413(c)(2)(A) specifies that pursuant to an adopted program, which includes but is not limited to an equity sharing program, agencies may permit the sale of owner-occupied units prior to the expiration of the period of the land use controls established by the agency. Agencies must deposit sale proceeds into the Low and Moderate Income Housing Fund and within three (3) years from the date the unit was sold, expend funds to make another unit equal in affordability, at the same income level, as the unit sold.

a. Sales. Did the agency permit the sale of any owner-occupied units during the reporting year?

☐ No

☒ Yes $159,319 ← Total Proceeds From Sales Over Reporting Year

	Number of Units			
Income Level	VL	L	M	Total
Units Sold Over Current Reporting Year			4	4

b. Equal Units. Were reporting year funds spent to make units equal in affordability to units sold over the last three reporting years?

☒ No

☐ Yes $ ← Total LMIHF spent on Equal Units Over Reporting Year

	Number of Units			
Income Level	VL	L	M	Total
Units Made Equal This Reporting Yr to Units Sold Over This Reporting Yr				
Units Made Equal This Reporting Yr to Units Sold One Reporting Yr Ago				
Units Made Equal This Reporting Yr to Units Sold Two Reporting Yrs Ago				
Units Made Equal This Reporting Yr to Units Sold Three Reporting Yrs Ago				

Affordable Units to be Constructed Outside of Project Area(s) Within Two Years From Date of Agreement or Contract

4. Pursuant to Section 33080.4(a)(10), report the number of very low, low, and moderate income units to be financed by any federal, state, local, or private source in order for construction to be completed within two years from the date of the agreement or contract executed over the reporting year. Identify the project and/or contractor, date of the executed agreement or contract, and estimated completion date. Specify the amount reported as an encumbrance on HCD-C, Line 6a. and/or any applicable amount designated on HCD-C, Line 7a. such as for capital outlay or budgeted funds intended to be encumbered for project use within two years from the reporting year's agreement or contract date.

N/A

DO NOT REPORT ANY UNITS SHOWN ON SCHEDULES HCD As OR Ds.

Col A Name of Project and/or Contractor	Col B Agreement Execution Date	Col C Estimated Completion Date (w/in 2 yrs of Col B)	Col D Sch C Amount Encumbered [Line 6a]	Col E Sch C Amount Designated [Line 7a]	VL	L	M	Total
			$	$				
			$	$				
			$	$				

Please attach a separate sheet of paper to list additional information.

SCHEDULE HCD-C

Agency-wide Activity

for Fiscal Year Ended 06 / 30 / 2007

Agency Name: Culver City Redev. Agy County: Los Angeles

Preparer's Name, Title: Tevis Barnes Housing Administrator Preparer's E-Mail Address: tevis.barnes@culvercity.c

Preparer's Telephone No: (310) 253-5780 Preparer's Facsimile No: (310) 253-5785

Low & Moderate Income Housing Funds

Report on the "status and use of the agency's Low and Moderate Income Housing Fund." Most information reported here should be based on information reported to the State Controller.

1. **Beginning Balance** (Use "**Net Resources Available**" from last fiscal year report to HCD) $ 12,928,082

   a. If Beginning Balance requires adjustment(s),describe and provide dollar amount (positive/negative) making up total adjustment: Use < $ > for negative amounts or amounts to be subtracted.

   _____ $_____

   _____ $_____

   _____ $_____

   b. Adjusted Beginning Balance [Beginning Balance plus + or minus <-> Total Adjustment(s)] $ 12,928,082

2. **Project Area(s) Receipts and Housing Fund Revenues**

   a. **Total Project Area(s) Receipts.** Total Summed amount of HCD-Schedule A(s) (from Line 3k) $ 6,490,396

   b. Housing Fund Resources **not** reported on HCD Schedule -A(s)
   Describe and Provide Dollar Amount(s) (Positive/Negative) Making Up Total Housing Fund Resources

   Loan Repayment $ 769,721

   _____ $_____

   _____ $_____

   c. **Total Housing Fund Resources** $ 769,721

3. **Total Resources** (Line 1b. + Line 2a + Line 2c.) $ 20,188,199

NOTES:

Many amounts to report as Expenditures and Other Uses (beginning on the next page) should be taken from amounts reported to the State Controller's Office (SCO). Review the SCO's Redevelopment Agencies Financial Transactions Report.

Housing Fund "transfers-out" to other internal Agency funds: Report the specific use of all transferred funds on applicable lines 4a.-k of Schedule C. For example, transfers from the Housing Fund to the Debt Service Fund for the repayment of principal and interest of debt proceeds deposited to the Housing Fund should be reported on the applicable item comprising HCD-C Line 4c, providing tax increment (gross and deposit amounts) were reported on Sch-As. External transfers out of the Agency should be reported on HCD-C Line 4j (e.g.: transfer of excess surplus to the County Housing Authority).

Other Uses: Non-GAAP (Generally Accepted Accounting Principles) recording of expenditures such as land purchases for agencies using the Land Held for Resale method to record land purchases should be reported on HCD-C Line 4a(1). Funds spent resulting in loans to the Housing Fund should be included in HCD-C lines 4b., 4f., 4g., 4h., and 4i as appropriate.

The statutory cite pertaining to Community Redevelopment Law (CRL) is provided for preparers to review to determine the appropriateness of Low and Moderate Income Housing Fund (LMIHF) expenditures and other uses. HCD does not represent that line items identifying any expenditures and other uses are allowable. CRL is accessible on the Internet [website: http://www.leginfo.ca.gov/ *(California Law)] beginning with Section 33000 of the Health and Safety Code.***

Agency Name: Culver City Redev. Agy.

4. Expenditures, Loans, and Other Uses

a. Acquisition of Property & Building Sites [33334.2(e)(1)] & Housing [33334.2(e)(6)]:

(1)	Land Purchases *(Investment – Land Held for Resale)* *	$ 0
(2)	Housing Assets *(Fixed Asset)* *	$ 0
(3)	Acquisition Expense	$ 5,013
(4)	Operation of Acquired Property	$ 0
(5)	Relocation Costs	$ 0
(6)	Relocation Payments	$ 0
(7)	Site Clearance Costs	$ 0
(8)	Disposal Costs	$ 0
(9)	Other [Explain and identify amount(s)]:	
	_____ $ _____	
	_____ $ _____	
	_____ $ _____	$ _____

* *Reported to SCO as part of Assets and Other Debits*

(10) **Subtotal Property/Building Sites/Housing Acquisition** (Sum of Lines 1 – 9) $ 5,013

b. Subsidies from Low and Moderate Income Housing Fund (LMIHF):

(1)	1st Time Homebuyer Down Payment Assistance	$ 0
(2)	Rental Subsidies	$ 83,005
(3)	Purchase of Affordability Covenants [33413(b)2(B)]	$ 0
(4)	Other [Explain and identify amount(s)]:	
	_____ $ _____	
	_____ $ _____	
	_____ $ _____	$ _____

(5) **Subtotal Subsidies from LMIHF** (Sum of Lines 1 – 4) $ 83,005

c. Debt Service [33334.2(e)(9)]. If paid from LMIHF, report LMIHF's share of debt service. If paid from Debt Service Fund, ensure "gross" tax increment is reported on HCD-A(s) Line 3a(1).

(1)	Debt Principal Payments	
	(a) Tax Allocation, Bonds & Notes	$ 0
	(b) Revenue Bonds & Certificates of Participation	$ 0
	(c) City/County Advances & Loans	$ 0
	(d) U. S. State & Other Long–Term Debt	$ 0
(2)	Interest Expense	$ 0
(3)	Debt Issuance Costs	$ 0
(4)	Other [Explain and identify amount(s)]:	
	_____ $ _____	
	_____ $ _____	
	_____ $ _____	$ _____

(5) **Subtotal Debt Service** (Sum of Lines 1 – 4) $ 0

d. Planning and Administration Costs [33334.3(e)(1)]:

(1)	Administration Costs	$ 1,436,395
(2)	Professional Services (non project specific)	$ 0
(3)	Planning/Survey/Design (non project specific)	$ 0
(4)	Indirect Nonprofit Costs [33334.3(e)(1)(B)]	$ 0
(5)	Other [Explain and identify amount(s)]:	
	_____ $ _____	
	_____ $ _____	
	_____ $ _____	$ _____

(6) **Subtotal Planning and Administration** (Sum of Lines 1 – 5) $ 1,436,395

11.

Agency Name: Culver City Redev. Agy.

4. **Expenditures, Loans, and Other Uses** (continued)

e.	On/Off-Site Improvements [33334.2(e)(2)] *Complete item 13*		$ 1,772,593
f.	Housing Construction [33334.2(e)(5)]		$
g.	Housing Rehabilitation [33334.2(e)(7)]		$ 1,631,949
h.	Maintain Supply of Mobilehome Parks [33334.2(e)(10)]		$
i.	Preservation of At-Risk Units [33334.2(e)(11)]		$
j.	Transfers Out of Agency		
	(1) For Transit village Development Plan (33334.19)	$	
	(2) Excess Surplus [33334.12(a)(1)(A)]	$	
	(3) Other (specify code section authorizing transfer and amount)		
	A. Section _____	$	
	B. Section _____	$	
	Other Transfers Subtotal	$	
	(4) **Subtotal Transfers Out of Agency** (Sum of j(1) through j(3))		$
k.	Other Expenditures, Loans, and Uses [Explain and identify amount(s)]:		
	Change in ERAF Loans	$ 163	
		$	
		$	
	Subtotal Other Expenditures, Loans, and Uses		$
l.	**Total Expenditures, Loans, and Other Uses** (Sum of lines 4a.-k.)		$ 4,929,118

5. **Net Resources Available** [End of Reporting Fiscal Year] $ 15,259,081
[Page 1, Line 3, Total Resources minus Total Expenditures, Loans, and Other Uses on Line 4.l.]

6. **Encumbrances and Unencumbered Balance**

a.	**Encumbrances.** Amount of Line 5 reserved for future payment of legal contract(s) or agreement(s). See Section 33334.12(g)(2) for definition. *Refer to item 10 on Sch-A(s) and item 4 on Sch-B.*	$ 206,918
b.	**Unencumbered Balance** (Line 5 minus Line 6a). Also enter on Page 4, Line 11a.	$ 15,052,163

7. **Designated/Undesignated Amount of Available Funds**

a.	**Designated** From Line 6b- Budgeted/planned to use near-term *Refer to item 10 on Sch-A(s) and item 4 on Sch-B*	$ 0
b.	**Undesignated** From Line 6b- Portion not yet budgeted/planned to use	$ 15,052,163

8. **Other Housing Fund Assets** (non recurrent receivables) not included as part of Line 5

a.	Indebtedness from Deferrals of Tax Increment (Sec. 33334.6) [refer to Sch-A(s), Line 5c (2)].	$ 30,688,692
b.	Value of Land Purchased with Housing Funds and Held for Development of Affordable Housing. *Complete Sch-C item 14.*	$ 4,117,728
c.	Loans Receivable for Housing Activities	$ 1,282,639
d.	Residual Receipt Loans (periodic/fluctuating payments)	$ 0
e.	ERAF Loans Receivable (all years) (Sec. 33681)	$ 2,748,693
f.	Other Assets [Explain and identify amount(s)]:	0
		$
		$
g.	**Total Other Housing Fund Assets** (Sum of lines 8a.-f.)	$ 38,837,752

9. **TOTAL FUND EQUITY** [Line 5 (Net Resources Available) +8g (Total Other Housing Fund Assets] $ 54,096,833

Compare Line 9 to the below amount reported to the SCO (Balance Sheet of Redevelopment Agencies Financial Transactions Report. [Explain differences and identify amount(s)]:		
Deferred set aside is not included as a	$	
receivable in the SCR.	$	$(30,688,692)
ENTER LOW-MOD FUND TOTAL EQUITIES (BALANCE SHEET) REPORTED TO SCO		$ 23,408,141

Agency Name: Culver City

Excess Surplus Information

Pursuant to Section 33080.7 and Section 33334.12(g)(1), report on Excess Surplus that is required to be determined on the first day of a fiscal year. Excess Surplus exists when the Adjusted Balance exceeds the greater of: (1) $1,000,000 or (2) the aggregate amount of tax increment deposited to the Housing Fund during the prior four fiscal years. Section 33334.12(g)(3)(A) and (B) provide that the Unencumbered Balance can be adjusted for: (1) any remaining revenue generated in the reporting year from unspent debt proceeds and (2) if the land was disposed of during the reporting year to develop affordable housing, the difference between the fair market value of land and the value received.

The Unencumbered Balance is calculated by subtracting encumbrances from Net Resources Available. "Encumbrances" are funds reserved and committed pursuant to a legally enforceable contract or agreement for expenditure for authorized redevelopment housing activities [Section 33334.12(g)(2)].

For Excess Surplus calculation purposes, carry over the prior year's HCD Schedule C Adjusted Balance as the Adjusted Balance on the first day of the reporting fiscal year. Determine which is larger: (1) $1 million or (2) the total of tax increment deposited over the prior four years. Subtract the largest amount from the Adjusted Balance and, if positive, report the amount as Excess Surplus.

10. **Excess Surplus**:
Complete Columns 2, 3, 4, & 5 to calculate Excess Surplus for the reporting year. Columns 6 and 7 track prior years' Excess Surplus.

Column 1 4 Prior and Current Reporting Years	Column 2 Total Tax Increment Deposits to Housing Fund	Column 3 Sum of Tax Increment Deposits Over Prior Four FYs	Column 4 Current Reporting Year 1st Day Adjusted Balance	Column 5 Current Reporting Year 1st Day Excess Surplus Balances	Column 6 Amount Expended/Encumbered Against FY Balance of Excess Surplus as of **End of Reporting Year**	Column 7 Remaining Excess Surplus for Each Fiscal Year as of **End of Reporting Year**
4 Rpt Yrs Ago FY _____	$			$	$	$
3 Rpt Yrs Ago FY _____	$			$	$	$
2 Rpt Yrs Ago FY _____	$			$	$	$
1 Rpt Yr Ago FY _____	$			$	$	$
CURRENT Reporting Year FY _____		Sum of Column 2 $_____	Last Year's Sch C Adjusted Balance $_____	Col 4 minus: larger of Col 3 or $1mm (report positive $) $_____	$	$

11. **Reporting Year Ending Unencumbered Balance and Adjusted Balance**:

a. **Unencumbered Balance** (End of Year) [Page 3, Line 6b] $_____

b. If eligible, adjust the Unencumbered Balance for:

(1) **Debt Proceeds** [33334.12(g)(3)(B)]:
Identify unspent debt proceeds and related income remaining at end of reporting year $_____

(2) **Land Conveyance Losses** [(33334.12(g)(3)(A))]:
Identify reporting year losses from sales/grants/leases of land acquired with low-mod funds, if 49% or more of new or rehabilitated units will be affordable to lower-income households $_____

12. **Adjusted Balance** (for next year's determination of Excess Surplus) [Line 11a minus sum of 11b(1) and 11b(2)] $_____

Note: Do not enter Adjusted Balance in Col 4. It is to be reported as next year's 1st day amount to determine Excess Surplus

a. If there is remaining Excess Surplus from what was determined on the first day of the reporting year, describe the agency's plan (as specified in Section 33334.10) for transferring, encumbering, or expending excess surplus:

_____

_____

_____

b. If the plan described in 12a. was adopted, enter the plan adoption date: ____/____/____
mo day yr

Agency Name: Culver City

Miscellaneous Uses of Funds

13. If an amount is reported in 4e., pursuant to Section 33080.4(a)(6), report the total number of very low-, low-, and moderate-income households that directly benefited from expenditures for onsite/offsite improvements which resulted in either new construction, rehabilitation, or the elimination of health and safety hazards. (Note: If Line 4e of this schedule does not show expenditures for improvements, no units should be reported here.)

N/A

Income Level	Households Constructed	Households Rehabilitated	Households Benefiting from Elimination of Health and Safety Hazard	Duration of Deed Restriction
Very Low				
Low				
Moderate				

14. If the agency is holding land for future housing development (refer to Line 8b), summarize the acreage (round to tenths, do not report square footage), zoning, date of purchase, and the anticipated start date for the housing development.

Site Name/Location*	No. of Acres	Zoning	Purchase Date	Estimated Date Available	Comments
Washington/Nat'l.	2.9	IG	Mar-Aug06	05/09	
Globe	.7	R2	July 05	2008	
Pleasant View	.2	C	Dec 06	2008	
Lafayette	.17	R4	1996	2008	Leased to non-profit
Washington Centinela	1.5	C	Jun05-July06	2008	

Please attach a separate sheet of paper listing any additional sites not reported above.

15. Section 33334.13 requires agencies which have used the Housing Fund to assist mortgagors in a homeownership mortgage revenue bond program, or home financing program described in that Section, to provide the following information:

a. Has your agency used the authority related to definitions of income or family size adjustment factors provided in Section 33334.13(a)?

N/A

Yes ☐ No ☐ Not Applicable ☐

b. Has the agency complied with requirements in Section 33334.13(b) related to assistance for very low-income households equal to twice that provided for above moderate-income households?

Yes ☐ No ☐ Not Applicable ☐

Agency Name: Culver City

16. Did the Agency use non-LMIHF funds as matching funds for the Federal HOME or HOPE program during the reporting period?

YES ☐ NO ☒

If yes, please indicate the amount of non-LMIHF funds that were used for either HOME or HOPE program support.

HOME $_____ HOPE $_____

17. Pursuant to Section 33080.4(a)(11), the agency shall maintain adequate records to identify the date and amount of all LMIHF deposits and withdrawals during the reporting period. To satisfy this requirement, the Agency should keep and make available upon request any and all deposit and withdrawal information. ***DO NOT SUBMIT ANY DOCUMENTS/RECORDS.***

Has your agency made any deposits to or withdrawals from the LMIHF? Yes ☐ No ☐

If yes, identify the document(s) describing the agency's deposits and withdrawals by listing for each document, the following (attach additional pages of similar information below as necessary):

Name of document (e.g. ledger, journal, etc.): _____
Name of Agency Custodian (person): _____
Custodian's telephone number: _____
Place where record can be accessed: _____

Name of document (e.g. ledger, journal, etc.): _____
Name of Agency Custodian (person): _____
Custodian's telephone number: _____
Place where record can be accessed: _____

18. **Use of Other (non Low-Mod Funds) Redevelopment Funds for Housing**

Please briefly describe the use of any non-LMIHF redevelopment funds (i.e., contributions from the other 80% of tax increment revenue or other non Low-Mod funds) to construct, improve, assist, or preserve housing in the community.

19. **Suggestions/Resource Needs**

Please provide suggestions to simplify and improve future agency reporting and identify any training, information, and/or other resources, etc. that would help your agency to more quickly and effectively use its housing or other funds to increase, improve, and preserve affordable housing?

20. **Annual Monitoring Reports of Previously Completed Affordable Housing Projects/Programs (H&SC 33418)**

Were all Annual Monitoring Reports received for all prior years' affordable housing projects/programs? Yes ☒ No ☐

Agency Name: Culver City

21. **Excess Surplus Expenditure Plan (H&SC 33334.10(a)**

Agency Name: Culver City

22. Footnote area to provide additional information.

Agency Name: Culver City

23. **Project Achievement and HCD Director's Award for Housing Excellence**

Project achievement information is optional but can serve important purposes: Agencies' achievements can inform others of successful redevelopment projects and provide instructive information for additional successful projects. Achievements may be included in HCD's Annual Report of Housing Activities of California Redevelopment Agencies to assist other local agencies in developing effective and efficient programs to address local housing needs.

In addition, HCD may select various projects to receive the Director's Award for Housing Excellence. Projects may be selected based on criteria such as local affordable housing need(s) met, resources utilized, barriers overcome, and project innovation/complexity, etc.

Project achievement information should only be submitted for one affordable residential project that was completed within the reporting year as evidenced by a Certificate of Occupancy. The project must not have been previously reported as an achievement.

To publish agencies' achievements in a standard format, please complete information for each underlined category below addressing suggested topics in a narrative format that does not exceed two pages (see example, next page). In addition to submitting information with other HCD forms to the State Controller, please submit achievement information on a 3.5 inch diskette and identify the software type and version. For convenience, the diskette can be separately mailed to: HCD Policy Division, 1800 3rd Street, Sacramento, CA 95814 or data can be emailed by attaching the file and sending it to: rlevy@hcd.ca.gov.

AGENCY INFORMATION

- Project Type (Choose one of the categories below and one kind of assistance representing the primary project type):

New/Additional Units (Previously Unoccupied/Uninhabitable):
- New Construction to own
- New Construction to rent
- Rehabilitation to own
- Rehabilitation to rent
- Adaptive Re-use
- Mixed Use Infill
- Mobilehomes/Manufactured Homes
- Mortgage Assistance
- Transitional Housing
- Other (describe)

Existing Units (Previously Occupied)
- Rehabilitation of Owner-Occupied
- Rehabilitation of Tenant-Occupied
- Acquisition and Rehabilitation to Own
- Acquisition and Rehabilitation to Rent
- Mobilehomes/Manufactured Homes
- Payment Assistance for Owner or Renter
- Transitional Housing
- Other (describe)

- Agency Name:
- Agency Contact and Telephone Number for the Project:

DESCRIPTION

- Project Name
- Clientele served [owner, renter, income group, special need (e.g. large family or disabled), etc.]
- Number and type of units and location, density, and size of project relative to other projects, etc.
- Degree of affordability/assistance rendered to families by project, etc.
- Uniqueness (land use, design features, additional services/amenities provided, funding sources/collaboration, before/after project conversion such as re-use, mixed use, etc.)
- Cost (acquisition, clean-up, infrastructure, conversion, development, etc.)

HISTORY

- Timeframe from planning to opening
- Barriers/resistance (legal/financial/community, etc.) that were overcome
- Problems and creative solutions found
- Lessons learned and/or recommendations for undertaking a similar project

AGENCY ROLE AND ACHIEVEMENT

- Degree of involvement with concept, design, approval, financing, construction, operation, and cost, etc.
- Specific agency and/or community goals and objectives met, etc.

Agency Name: _____

ACHIEVEMENT EXAMPLE

Project Type: NEW CONSTRUCTION- OWNER OCCUPIED

_____ Redevelopment Agency
Contact: Name (Area Code) Telephone #

Project/Program Name: _____ Project or Program

Description

During the reporting year, construction of 12 homes was completed. _____ Enterprises, which specializes in community self-help projects, was the developer, assisting 12 families in the construction of their new homes. The homes took 10 months to build. The families' work on the homes was converted into "sweat equity" valued at $15,000. The first mortgage was from CHFA. Families were also given an affordable second mortgage. The second and third mortgage loans were funded by LMIHF and HOME funds.

History

The _____(City or County) of_____ struggled for several years over what to do about the _____ area. The _____ tried to encourage development in the area by rezoning a large portion of the area for multi-family use, and twice attempted to create improvement districts. None of these efforts were successful and the area continued to deteriorate, sparking growing concern among city officials and residents. At the point that the Redevelopment Agency became involved, there was significant ill will between the residents of the _____ and the (City or County). The _____ introduced the project in _____ with discussions of how the Agency could become involved in improving the blighted residential neighborhood centering on _____. This area is in the core area of town and was developed with disproportionately narrow, deep lots, based on a subdivision plat laid in 1950. Residents built their homes on the street frontages of _____ and _____ leaving large back-lot areas that were landlocked and unsuitable for development, having no access to either avenue. The Agency worked with 24 property owners to purchase portions of their properties. Over several years, the Agency purchased enough property to complete a tract map creating access and lots for building. Other non-profits have created an additional twelve affordable homes.

Agency Role

The Agency played the central role. The _____ Project is a classic example of successful redevelopment. All elements of blight were present: irregular, land-locked parcels without access; numerous property owners; development that lagged behind that of the surrounding municipal property; high development cost due to need for installation of street improvements, utilities, a storm drain system, and undergrounding of a flood control creek; and a low-income neighborhood in which property sale prices would not support high development costs. The Agency determined that the best development for the area would be single-family owner-occupied homes. The Agency bonded its tax increment to fund the off-site improvements. A tract map was completed providing for the installation of the street improvements, utilities, storm drainage, and the undergrounding of _____ Creek. These improvements cost the Agency approximately $1.5 million. In lieu of using the eminent domain process, the Agency negotiated with 22 property owners to purchase portions of their property, allowing for access to the landlocked parcels. This helped foster trust and good will during the course of the negotiations. The Project got underway once sufficient property was purchased.

SCHEDULE HCD-D1
GENERAL PROJECT/PROGRAM INFORMATION

For each different Project/Program (area/name/agy or nonagy dev/rental or owner), complete a D1 and applicable D2-D7.

Examples:
1: 25 minor rehab (Nonagy Dev): Area 1: 15 Owner; Area 2: 6 Rental; & Outside: 4 Rental. Complete 3 D-1s, & Ds3-4-5.
2: 20 sub rehab (nonrestricted): Area 3: 4 Agy Dev. Rentals; 16 Nonagy Dev. Rentals. Complete 2 D-1s & 2 D-5s.
3: 15 sub rehab (restricted): Area 4: 15 Nonagy Dev, Owner. Complete 1 D-1 & 1 D-3.
4: 10 new (Outside). 2 Agy Dev (restricted Rental), 8 Nonagy Dev (nonrestricted Owner) Complete 2 D-1s, 1 D-4, & 1 D-5.

Name of Redevelopment Agency: Culver City Redev. Agy
Identify Project Area or specify "Outside": Culver City Redev. Project
General Title of Housing Project/Program: Alternative Living for the Aging
Project/Program Address (optional):
Street: CITYWIDE **City:** **ZIP:**
Owner Name (optional):
Total Project/Program Units: # 132 **Restricted Units:** # **Unrestricted Units:** #

For projects/programs with no RDA assistance, do not complete any of below or any of HCD D2-D6. Only complete HCD-D7.

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(3)]? ☐ YES ☐ NO

Number of units occupied by ineligible households (e.g. ineligible income/# of residents in unit) at FY end #

Number of bedrooms occupied by ineligible persons (e.g. ineligible income/# of residents in unit) at FY end #

Number of units restricted for special needs: *(number must not exceed "Total Project Units")* #

Number of units restricted that are serving one or more Special Needs: # ☐ Check, if data not available

(Note: A unit may serve multiple "Special Needs" below. Sum of all the below can exceed the "Number of Units" above)

# DISABLED (Mental)	# FARMWORKER (Permanent)	# TRANSITIONAL HOUSING
# 14 DISABLED (Physical)	# 30 FEMALE HEAD OF HOUSHOLD	# 99 ELDERLY
# FARMWORKER (Migrant)	# LARGE FAMILY (4 or more Bedrooms)	# EMERGENCY SHELTERS *(allowable use only with "Other Housing Units Provided - Without LMIHF" Sch-D6)*

Affordability and/or Special Need Use Restriction Term (enter day/month/year using digits, e.g. 07/01/2002):

	Replacement Housing Units	Inclusionary Housing Units	Other Housing Units Provided	
			With LMIHF	Without LMIHF
Restriction Start Date				
Restriction End Date				
Perpetuity				

Funding Sources:

Redevelopment Funds:	$ 56,683
Federal Funds	$
State Funds:	$
Other Local Funds:	$
Private Funds:	$
Owner's Equity:	$
TCAC/Federal Award:	$
TCAC/State Award:	$
Total Development/Purchase Cost:	$

Check all appropriate form(s) below that will be used to identify all of this Project's/Program's Units:

☐ Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:
☐ Inside Project Area (Sch HCD-D3)
☐ Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:
☒ With LMIHF (Sch HCD-D5)
☒ Without LMIHF (Sch HCD-D6)
☐ No Agency Assistance (Sch HCD-D7)

SCHEDULE HCD-D1
GENERAL PROJECT/PROGRAM INFORMATION

For each different Project/Program (area/name/agy or nonagy dev/rental or owner), complete a D1 and applicable D2-D7.

Examples:
1: 25 minor rehab (Nonagy Dev): Area 1: 15 Owner; Area 2: 6 Rental; & Outside: 4 Rental. Complete 3 D-1s, & Ds3-4-5.
2: 20 sub rehab (nonrestricted): Area 3: 4 Agy Dev. Rentals; 16 Nonagy Dev. Rentals. Complete 2 D-1s & 2 D-5s.
3: 15 sub rehab (restricted): Area 4: 15 Nonagy Dev, Owner. Complete 1 D-1 & 1 D-3.
4: 10 new (Outside). 2 Agy Dev (restricted Rental), 8 Nonagy Dev (nonrestricted Owner) Complete 2 D-1s, 1 D-4, & 1 D-5.

Name of Redevelopment Agency: Culver City Redev. Agy.
Identify Project Area or specify "Outside": Culver City Redev. Project
General Title of Housing Project/Program: Home Secure
Project/Program Address (optional):
Street: CITYWIDE **City:** **ZIP:**
Owner Name (optional):
Total Project/Program Units: # 45 **Restricted Units:** # **Unrestricted Units:** #

For projects/programs with no RDA assistance, do not complete any of below or any of HCD D2-D6. Only complete HCD-D7.

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(3)]? ☐ YES ☐ NO

Number of units occupied by ineligible households (e.g. ineligible income/# of residents in unit) at FY end #

Number of bedrooms occupied by ineligible persons (e.g. ineligible income/# of residents in unit) at FY end #

Number of units restricted for special needs: *(number must not exceed "Total Project Units")* #

Number of units restricted that are serving one or more Special Needs: # ☐ Check, if data not available

(Note: A unit may serve multiple "Special Needs" below. Sum of all the below can exceed the "Number of Units" above)

# DISABLED (Mental)	# FARMWORKER (Permanent)	# TRANSITIONAL HOUSING
# 45 DISABLED (Physical)	# 31 FEMALE HEAD OF HOUSHOLD	# 44 ELDERLY
# FARMWORKER (Migrant)	# LARGE FAMILY (4 or more Bedrooms)	# EMERGENCY SHELTERS *(allowable use only with "Other Housing Units Provided - Without LMIHF" Sch-D6)*

Affordability and/or Special Need Use Restriction Term (enter day/month/year using digits, e.g. 07/01/2002):

	Replacement Housing Units	Inclusionary Housing Units	Other Housing Units Provided	
			With LMIHF	Without LMIHF
Restriction Start Date				
Restriction End Date				
Perpetuity				

Funding Sources:

Redevelopment Funds:	$ 24,994
Federal Funds	$
State Funds:	$
Other Local Funds:	$
Private Funds:	$
Owner's Equity:	$
TCAC/Federal Award:	$
TCAC/State Award:	$
Total Development/Purchase Cost:	$

Check all appropriate form(s) below that will be used to identify all of this Project's/Program's Units:

☐ Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:
☐ Inside Project Area (Sch HCD-D3)
☐ Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:
☒ With LMIHF (Sch HCD-D5)
☐ Without LMIHF (Sch HCD-D6)
☐ No Agency Assistance (Sch HCD-D7)

SCHEDULE HCD-D1
GENERAL PROJECT/PROGRAM INFORMATION

For each different Project/Program (area/name/agy or nonagy dev/rental or owner), complete a D1 and applicable D2-D7.

Examples:
1: 25 minor rehab (Nonagy Dev): Area 1: 15 Owner; Area 2: 6 Rental; & Outside: 4 Rental. Complete 3 D-1s, & Ds3-4-5.
2: 20 sub rehab (nonrestricted): Area 3: 4 Agy Dev. Rentals; 16 Nonagy Dev. Rentals. Complete 2 D-1s & 2 D-5s.
3: 15 sub rehab (restricted): Area 4: 15 Nonagy Dev, Owner. Complete 1 D-1 & 1 D-3.
4: 10 new (Outside). 2 Agy Dev (restricted Rental), 8 Nonagy Dev (nonrestricted Owner) Complete 2 D-1s, 1 D-4, & 1 D-5.

Name of Redevelopment Agency: Culver City Redev. Agy.
Identify Project Area or specify "Outside": Culver City Redev. Project
General Title of Housing Project/Program: Housing Rights Center
Project/Program Address (optional):
Street: CITYWIDE **City:** **ZIP:**
Owner Name (optional):
Total Project/Program Units: # 361 **Restricted Units:** # **Unrestricted Units:** #

For projects/programs with no RDA assistance, do not complete any of below or any of HCD D2-D6. Only complete HCD-D7.

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(3)]? ☐ YES ☐ NO

Number of units occupied by ineligible households (e.g. ineligible income/# of residents in unit) at FY end #

Number of bedrooms occupied by ineligible persons (e.g. ineligible income/# of residents in unit) at FY end #

Number of units restricted for special needs: *(number must not exceed "Total Project Units")* #

Number of units restricted that are serving one or more Special Needs: # ☐ Check, if data not available

(Note: A unit may serve multiple "Special Needs" below. Sum of all the below can exceed the "Number of Units" above)

# DISABLED (Mental)	# FARMWORKER (Permanent)	# TRANSITIONAL HOUSING
# 31 DISABLED (Physical)	# 22 FEMALE HEAD OF HOUSHOLD	# 21 ELDERLY
# FARMWORKER (Migrant)	# LARGE FAMILY (4 or more Bedrooms)	# EMERGENCY SHELTERS *(allowable use only with "Other Housing Units Provided - Without LMIHF" Sch-D6)*

Affordability and/or Special Need Use Restriction Term (enter day/month/year using digits, e.g. 07/01/2002):

	Replacement Housing Units	Inclusionary Housing Units	Other Housing Units Provided	
			With LMIHF	Without LMIHF
Restriction Start Date				
Restriction End Date				
Perpetuity				

Funding Sources:

Redevelopment Funds:	$ 18,625
Federal Funds	$
State Funds:	$
Other Local Funds:	$
Private Funds:	$
Owner's Equity:	$
TCAC/Federal Award:	$
TCAC/State Award:	$
Total Development/Purchase Cost:	$

Check all appropriate form(s) below that will be used to identify all of this Project's/Program's Units:

☐ Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:
☐ Inside Project Area (Sch HCD-D3)
☐ Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:
☒ With LMIHF (Sch HCD-D5)
☒ Without LMIHF (Sch HCD-D6)
☐ No Agency Assistance (Sch HCD-D7)

SCHEDULE HCD-D1
GENERAL PROJECT/PROGRAM INFORMATION

For each different Project/Program (area/name/agy or nonagy dev/rental or owner), complete a D1 and applicable D2-D7.

Examples:
1: 25 minor rehab (Nonagy Dev): Area 1: 15 Owner; Area 2: 6 Rental; & Outside: 4 Rental. Complete 3 D-1s, & Ds3-4-5.
2: 20 sub rehab (nonrestricted): Area 3: 4 Agy Dev. Rentals; 16 Nonagy Dev. Rentals. Complete 2 D-1s & 2 D-5s.
3: 15 sub rehab (restricted): Area 4: 15 Nonagy Dev, Owner. Complete 1 D-1 & 1 D-3.
4: 10 new (Outside). 2 Agy Dev (restricted Rental), 8 Nonagy Dev (nonrestricted Owner) Complete 2 D-1s, 1 D-4, & 1 D-5.

Name of Redevelopment Agency: Culver City Redev. Agy.
Identify Project Area or specify "Outside": Culver City Redev. Project
General Title of Housing Project/Program: Neighborhood Preservation (single)
Project/Program Address (optional):
Street: See Attached **City:** **ZIP:**
Owner Name (optional):
Total Project/Program Units: # 20 **Restricted Units:** # **Unrestricted Units:** #

For projects/programs with no RDA assistance, do not complete any of below or any of HCD D2-D6. Only complete HCD-D7.

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(3)]? ☐ YES ☐ NO

Number of units occupied by ineligible households (e.g. ineligible income/# of residents in unit) at FY end #

Number of bedrooms occupied by ineligible persons (e.g. ineligible income/# of residents in unit) at FY end #

Number of units restricted for special needs: *(number must not exceed "Total Project Units")* #

Number of units restricted that are serving one or more Special Needs: # ☐ Check, if data not available

(Note: A unit may serve multiple "Special Needs" below. Sum of all the below can exceed the "Number of Units" above)

# DISABLED (Mental)	# FARMWORKER (Permanent)	# TRANSITIONAL HOUSING
# 2 DISABLED (Physical)	# 12 FEMALE HEAD OF HOUSHOLD	# 9 ELDERLY
# FARMWORKER (Migrant)	# LARGE FAMILY (4 or more Bedrooms)	# EMERGENCY SHELTERS *(allowable use only with "Other Housing Units Provided - Without LMIHF" Sch-D6)*

Affordability and/or Special Need Use Restriction Term (enter day/month/year using digits, e.g. 07/01/2002):

	Replacement Housing Units	Inclusionary Housing Units	Other Housing Units Provided	
			With LMIHF	Without LMIHF
Restriction Start Date				
Restriction End Date				
Perpetuity				

Funding Sources:

Redevelopment Funds:	$ 71,011
Federal Funds	$
State Funds:	$
Other Local Funds:	$
Private Funds:	$
Owner's Equity:	$
TCAC/Federal Award:	$
TCAC/State Award:	$
Total Development/Purchase Cost:	$

Check all appropriate form(s) below that will be used to identify all of this Project's/Program's Units:

☐ Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:
☐ Inside Project Area (Sch HCD-D3)
☐ Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:
☒ With LMIHF (Sch HCD-D5)
☐ Without LMIHF (Sch HCD-D6)
☐ No Agency Assistance (Sch HCD-D7)

Culver City Redevelopment Agency
Neighborhood Preservation Program
Single Family
FY 2006/2007

Project Type	Address	Owner	Total Number of Units	Financing/Subsidy Source	Elderly 62+ Years
O	11256 Garfield Ave	Marilyn Grobeson	1	RDA	Yes
O	11236 Malat Way	Dallas & Laurie Zurcher	1	RDA	No
O	4919 Indian Wood Rd #395	Jamee Happy	1	RDA	No
O	11250 Playa St #51	Roberta McMahan	1	RDA	Yes
O	4103 Elenda St	Rose Glass	1	RDA	Yes
O	11250 Playa St #23	Jose Batarse	1	RDA	Yes
O	4208 McLaughlin Ave	Juanita Perry	1	RDA	No
O	11250 Playa St #64	Carmen Pacheco	1	RDA	Yes
O	10871 Whitburn St	Barbara Schlitt	1	RDA	Yes
O	9505 Lucerne Ave	Ruben & Martha Galvan	1	RDA	Yes
O	11250 Playa St #5	Marie Green	1	RDA	No
O	4901 Indian Wood Rd #101	Oscar Elias	1	RDA	No
O	5004 Showboat Pl	Audrey Lewis	1	RDA	No
O	5007 Stony Creek Rd #329	Luis Del Cid	1	RDA	No
O	4241 Duquesne Ave	Betty Ellis	1	RDA	Yes
O	10931 Fairbanks Way	Ana Peters	1	RDA	Yes
O	11250 Playa St #61	Sheree Levin	1	RDA	No
O	11250 Playa St #88	Peter Mayer	1	RDA	No
O	13208 Summertime Ln	Hein Aung	1	RDA	No
O	5625 Windsor Way	Diann Powell	1	RDA	No

SCHEDULE HCD-D1
GENERAL PROJECT/PROGRAM INFORMATION

For each different Project/Program (area/name/agy or nonagy dev/rental or owner), complete a D1 and applicable D2-D7.

Examples:
1: 25 minor rehab (Nonagy Dev): Area 1: 15 Owner; Area 2: 6 Rental; & Outside: 4 Rental. Complete 3 D-1s, & Ds3-4-5.
2: 20 sub rehab (nonrestricted): Area 3: 4 Agy Dev. Rentals; 16 Nonagy Dev. Rentals. Complete 2 D-1s & 2 D-5s.
3: 15 sub rehab (restricted): Area 4: 15 Nonagy Dev, Owner. Complete 1 D-1 & 1 D-3.
4: 10 new (Outside). 2 Agy Dev (restricted Rental), 8 Nonagy Dev (nonrestricted Owner) Complete 2 D-1s, 1 D-4, & 1 D-5.

Name of Redevelopment Agency: Culver City Redev. Agy
Identify Project Area or specify "Outside": Culver City Redev. Project
General Title of Housing Project/Program: Neighborhood Preservation (multi)
Project/Program Address (optional):
Street: See Attached **City:** **ZIP:**
Owner Name (optional):
Total Project/Program Units: # 45 **Restricted Units:** # **Unrestricted Units:** #

For projects/programs with no RDA assistance, do not complete any of below or any of HCD D2-D6. Only complete HCD-D7.

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(3)]? ☐ YES ☐ NO

Number of units occupied by ineligible households (e.g. ineligible income/# of residents in unit) at FY end #

Number of bedrooms occupied by ineligible persons (e.g. ineligible income/# of residents in unit) at FY end #

Number of units restricted for special needs: *(number must not exceed "Total Project Units")* #

Number of units restricted that are serving one or more Special Needs: #_____ ☐ Check, if data not available

(Note: A unit may serve multiple "Special Needs" below. Sum of all the below can exceed the "Number of Units" above)

# DISABLED (Mental)	# FARMWORKER (Permanent)	# TRANSITIONAL HOUSING
# 1 DISABLED (Physical)	# 24 FEMALE HEAD OF HOUSHOLD	# 18 ELDERLY
# FARMWORKER (Migrant)	# LARGE FAMILY (4 or more Bedrooms)	# EMERGENCY SHELTERS *(allowable use only with "Other Housing Units Provided - Without LMIHF" Sch-D6)*

Affordability and/or Special Need Use Restriction Term (enter day/month/year using digits, e.g. 07/01/2002):

	Replacement Housing Units	Inclusionary Housing Units	Other Housing Units Provided	
			With LMIHF	Without LMIHF
Restriction Start Date				
Restriction End Date				
Perpetuity				

Funding Sources:

Redevelopment Funds:	$ 117,462
Federal Funds	$
State Funds:	$
Other Local Funds:	$
Private Funds:	$
Owner's Equity:	$
TCAC/Federal Award:	$
TCAC/State Award:	$
Total Development/Purchase Cost:	$

Check all appropriate form(s) below that will be used to identify all of this Project's/Program's Units:

☐ Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:
☐ Inside Project Area (Sch HCD-D3)
☐ Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:
☒ With LMIHF (Sch HCD-D5)
☒ Without LMIHF (Sch HCD-D6)
☐ No Agency Assistance (Sch HCD-D7)

Culver City Redevelopment Agency
Neighborhood Preservation Program
Multi - Family
FY 2006/2007

Project Type	Address	Owner	Total Number of Units	Financing/Subsidy Source	Elderly 62+ Years
O	4140 Duquesne Ave	Mary Ellen Fernandez	2	RDA	0
O	3812 Westwood Bl	Angelique Henry	4	RDA	0
O	4165-77 Elenda St	George & Cindy Young	7	RDA	5
O	4140-44 Tuller Ave	Margaret Wahlrab	3	RDA	1
O	3836 College Ave	Kaoru Shomoide	8	RDA	6
O	4140-42 Duquesne Ave	Mary Ellen Fernandez	2	RDA	0
O	3836 College Ave	Kaoru Shimoide	8	RDA	6
O	11408 Washington Pl	Domenico & Francesca Masdea	4	RDA	0
O	10926 Culver Bl	Don & Carolyn Ericsson	3	RDA	0
O	3403 Helms Ave	Dioscoro & Shirley Inutan	4	RDA	0

SCHEDULE HCD-D1
GENERAL PROJECT/PROGRAM INFORMATION

For each different Project/Program (area/name/agy or nonagy dev/rental or owner), complete a D1 and applicable D2-D7.

Examples:
1: 25 minor rehab (Nonagy Dev): Area 1: 15 Owner; Area 2: 6 Rental; & Outside: 4 Rental. Complete 3 D-1s, & Ds3-4-5.
2: 20 sub rehab (nonrestricted): Area 3: 4 Agy Dev. Rentals; 16 Nonagy Dev. Rentals. Complete 2 D-1s & 2 D-5s.
3: 15 sub rehab (restricted): Area 4: 15 Nonagy Dev, Owner. Complete 1 D-1 & 1 D-3.
4: 10 new (Outside). 2 Agy Dev (restricted Rental), 8 Nonagy Dev (nonrestricted Owner) Complete 2 D-1s, 1 D-4, & 1 D-5.

Name of Redevelopment Agency: Culver City Redev. Agy.
Identify Project Area or specify "Outside": Culver City Redev. Project
General Title of Housing Project/Program: Neighborhood Preservation (Jackson)
Project/Program Address (optional):

Street:	**City:**	**ZIP:**
4031 Jackson Avenue	Culver City	90232

Owner Name (optional):

Total Project/Program Units: # 9 **Restricted Units:** # 9 **Unrestricted Units:** #

For projects/programs with no RDA assistance, do not complete any of below or any of HCD D2-D6. Only complete HCD-D7.

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(3)]? ☐ YES ☐ NO

Number of units occupied by ineligible households (e.g. ineligible income/# of residents in unit) at FY end #

Number of bedrooms occupied by ineligible persons (e.g. ineligible income/# of residents in unit) at FY end #

Number of units restricted for special needs: *(number must not exceed "Total Project Units")* #

Number of units restricted that are serving one or more Special Needs: #_____ ☐ Check, if data not available

(Note: A unit may serve multiple "Special Needs" below. Sum of all the below can exceed the "Number of Units" above)

# DISABLED (Mental)	# FARMWORKER (Permanent)	# TRANSITIONAL HOUSING
# 2 DISABLED (Physical)	# 6 FEMALE HEAD OF HOUSHOLD	# ELDERLY
# FARMWORKER (Migrant)	# LARGE FAMILY (4 or more Bedrooms)	# EMERGENCY SHELTERS *(allowable use only with "Other Housing Units Provided - Without LMIHF" Sch-D6)*

Affordability and/or Special Need Use Restriction Term (enter day/month/year using digits, e.g. 07/01/2002):

	Replacement Housing Units	Inclusionary Housing Units	Other Housing Units Provided	
			With LMIHF	Without LMIHF
Restriction Start Date				
Restriction End Date				
Perpetuity				

Funding Sources:

Redevelopment Funds:	$ 37,580
Federal Funds	$
State Funds:	$
Other Local Funds:	$
Private Funds:	$
Owner's Equity:	$
TCAC/Federal Award:	$
TCAC/State Award:	$
Total Development/Purchase Cost:	$

Check all appropriate form(s) below that will be used to identify all of this Project's/Program's Units:

☐ Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:
☐ Inside Project Area (Sch HCD-D3)
☐ Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:
☒ With LMIHF (Sch HCD-D5)
☐ Without LMIHF (Sch HCD-D6)
☐ No Agency Assistance (Sch HCD-D7)

SCHEDULE HCD-D1
GENERAL PROJECT/PROGRAM INFORMATION

For each different Project/Program (area/name/agy or nonagy dev/rental or owner), complete a D1 and applicable D2-D7.

Examples:
1: 25 minor rehab (Nonagy Dev): Area 1: 15 Owner; Area 2: 6 Rental; & Outside: 4 Rental. Complete 3 D-1s, & Ds3-4-5.
2: 20 sub rehab (nonrestricted): Area 3: 4 Agy Dev. Rentals; 16 Nonagy Dev. Rentals. Complete 2 D-1s & 2 D-5s.
3: 15 sub rehab (restricted): Area 4: 15 Nonagy Dev, Owner. Complete 1 D-1 & 1 D-3.
4: 10 new (Outside). 2 Agy Dev (restricted Rental), 8 Nonagy Dev (nonrestricted Owner) Complete 2 D-1s, 1 D-4, & 1 D-5.

Name of Redevelopment Agency: Culver City Redev. Agy.
Identify Project Area or specify "Outside": Culver City Redev. Project
General Title of Housing Project/Program: Rental Assistance Program
Project/Program Address (optional):
Street: CITYWIDE **City:** **ZIP:**
Owner Name (optional):
Total Project/Program Units: # 32 **Restricted Units:** # **Unrestricted Units:** #

For projects/programs with no RDA assistance, do not complete any of below or any of HCD D2-D6. Only complete HCD-D7.

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(3)]? ☐ YES ☐ NO

Number of units occupied by ineligible households (e.g. ineligible income/# of residents in unit) at FY end #

Number of bedrooms occupied by ineligible persons (e.g. ineligible income/# of residents in unit) at FY end #

Number of units restricted for special needs: *(number must not exceed "Total Project Units")* #

Number of units restricted that are serving one or more Special Needs: # ☐ Check, if data not available

(Note: A unit may serve multiple "Special Needs" below. Sum of all the below can exceed the "Number of Units" above)

# DISABLED (Mental)	# FARMWORKER (Permanent)	# TRANSITIONAL HOUSING
# 9 DISABLED (Physical)	# 10 FEMALE HEAD OF HOUSHOLD	# 16 ELDERLY
# FARMWORKER (Migrant)	# LARGE FAMILY (4 or more Bedrooms)	# EMERGENCY SHELTERS *(allowable use only with "Other Housing Units Provided - Without LMIHF" Sch-D6)*

Affordability and/or Special Need Use Restriction Term (enter day/month/year using digits, e.g. 07/01/2002):

	Replacement Housing Units	Inclusionary Housing Units	Other Housing Units Provided	
			With LMIHF	Without LMIHF
Restriction Start Date				
Restriction End Date				
Perpetuity				

Funding Sources:

Redevelopment Funds:	$ 222,929
Federal Funds	$
State Funds:	$
Other Local Funds:	$
Private Funds:	$
Owner's Equity:	$
TCAC/Federal Award:	$
TCAC/State Award:	$
Total Development/Purchase Cost:	$

Check all appropriate form(s) below that will be used to identify all of this Project's/Program's Units:

☐ Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:
☐ Inside Project Area (Sch HCD-D3)
☐ Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:
☒ With LMIHF (Sch HCD-D5)
☐ Without LMIHF (Sch HCD-D6)
☐ No Agency Assistance (Sch HCD-D7)

SCHEDULE HCD-D2

REPLACEMENT HOUSING UNITS

(units not claimed on Schedule D-5,6,7)

(restricted units that fulfill requirement to replace previously destroyed or removed units)

Agency: Culver City

Redevelopment Project Area Name, or "Outside": Culver City Redev. Project

Affordable Housing Project Name: N/A

Check only one:

☐ Inside Project Area ☐ Outside Project Area

Check only one. If both apply, complete a separate form for each (with another Sch D-1):

☐ Agency Developed ☐ Non-Agency Developed

Check only one. If both apply, complete a separate form for each (with another Sch D-1):

☐ Rental ☐ Owner-Occupied

Enter the number of restricted replacement units and bedrooms for each applicable activity below:

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

A. **New Construction:**

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

Count of Bedrooms (e.g.: 1 elderly, low, 2 bdrm unit and 4 nonelderly, low, 2 bdrm units = 10 low (2 bdrms x 5)

N/A

1 Bedroom Unit (1 x # of units)					2 Bedroom Unit (2 x # of units)				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

3 Bedroom Unit (3 x # of units)					4 or more Bedroom Unit (4 x # of units)				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

TOTAL (sum of all unit Bedrooms)				
VLOW	LOW	MOD	TOTAL	INELG.

Agency Name: Culver City Housing Project Name: _____

SCHEDULE HCD-D2
REPLACEMENT HOUSING UNITS (continued)

Enter the number of restricted replacement units and bedrooms for applicable activity below:

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

B. Substantial Rehabilitation (Post 93/AB 1290 definition: increased value, inclusive of land, is >25%):

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

Count of Bedrooms (e.g.: 1 elderly, mod, 1 bdrm unit and 2 nonelderly, mod, 1 bdrm units = 3 mod (1 bdrms x 3)

N / A

1 Bedroom Unit (1 x # of units)					2 Bedroom Unit (2 x # of units)				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

3 Bedroom Unit (3 x # of units)					4 or more Bedroom Unit (4 x # of units)				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

TOTAL (sum of all unit Bedrooms)				
VLOW	LOW	MOD	TOTAL	INELG.

TOTAL UNITS (Add only TOTAL of all "Total Elderly / Non Elderly Units" not bedrooms): _____

If TOTAL UNITS is less than "Total Project Units" on HCD Sch D1, report the remaining units as instructed below.

Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:

Inclusionary Units
- ☐ Inside Project Area (Sch HCD-D3)
- ☐ Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:
- ☐ With LMIHF (Sch HCD-D5)
- ☐ Without LMIHF (Sch HCD-D6)
- ☐ No Assistance (Sch HCD-D7)

Identify the number of Replacement Units which also have been counted as Inclusionary Units:

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

SCHEDULE HCD-D3

INCLUSIONARY HOUSING UNITS (INSIDE PROJECT AREA)

(units not claimed on Schedule D-4,5,6,7)

(units with required affordability restrictions that agency or community controls)

Agency: Culver City

Redevelopment Project Area Name: Culver City Redev. Project

Affordable Housing Project Name: N/A

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

☐ Agency Developed ☐ Non-Agency Developed

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

☐ Rental ☐ Owner-Occupied

Enter the number of units for each applicable activity below:

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

A. **New Construction Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	**TOTAL**	INELG.	VLOW	LOW	MOD	**TOTAL**	INELG.	VLOW	LOW	MOD	**TOTAL**	INELG.

Of Total, identify the number aggregated from other project areas (see HCD-A(s), Item 8):

B. **Substantial Rehabilitation (Post-93/AB 1290 Definition of Value >25%: Credit for Obligations Since 1994):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	**TOTAL**	INELG.

N/A **Of Total, identify the number aggregated from other project areas (see HCD-A(s), Item 8):**

C. **Acquisition of Covenants (Post-93/AB 1290 Reform: Only Multi-Family Vlow & Low & Other Restrictions):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	**TOTAL**	INELG.

TOTAL UNITS (Add only TOTAL of all "TOTAL Elderly / Non Elderly Units"):

If TOTAL UNITS is less than "Total Project Units" on HCD Schedule D1, report the remaining units as instructed below.

Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:

☐ Replacement Housing Units (Sch HCD-D2)

☐ Inclusionary Units (Outside Project Area) (Sch HCD-D4)

Other Housing Units Provided:

☐ With LMIHF (Sch HCD-D5)

☐ Without LMIHF (Sch HCD-D6)

☐ No Assistance (Sch HCD-D7)

Identify the number of Inclusionary Units which also have been counted as Replacement Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

SCHEDULE HCD-D4

INCLUSIONARY HOUSING UNITS (OUTSIDE ALL PROJECT AREAS)

(units not claimed on Schedule D-3,5,6,7)

(units with required affordability restrictions that agency or community controls)

Agency: Culver City

Project Area: OUTSIDE

Affordable Housing Project Name: N/A

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

☐ Agency Developed ☐ Non-Agency Developed

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

☐ Rental ☐ Owner-Occupied

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

☐ One-to-One Credit (units do not fulfill any project area obligation)

☐ Two-to-One Credit (2 units required to fulfill 1 obligation of any project area)

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

Enter the number of units for each applicable activity below:

A. **New Construction:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

Of Total, identify the number aggregated from other project areas (see HCD-A(s), Item 8):

B. **Substantial Rehabilitation: (Post-93/AB 1290 Definition of Value >25%: Credit for Obligations Since 1994):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

N/A

Of Total, identify the number aggregated from other project areas (see HCD-A(s), Item 8):

C. **Acquisition of Covenants (Post-93/AB 1290 Reform: Only Multi-Family Vlow & Low & Other Restrictions):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

TOTAL UNITS (Add only TOTAL of all "TOTAL Elderly / Non Elderly Units"):

If TOTAL UNITS is less than "Total Project/Program Units" on HCD Schedule D1, report the remaining units as instructed below.

Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:

☐ Replacement Housing Units (Sch HCD-D2)

☐ Inclusionary Units (Inside Project Area) (Sch HCD-D3)

Other Housing Units Provided:

☐ With LMIHF (Sch HCD-D5)

☐ Without LMIHF (Sch HCD-D6)

☐ No Assistance (Sch HCD-D7)

Identify the number of Inclusionary Units which also have been counted as Replacement Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

SCHEDULE HCD-D5

OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF)

(units not claimed on Schedule D-2,3,4,6,7)

(lack minimum replacement or inclusionary restrictions and/or not controlled by agency or community)

Agency: Culver City

Redevelopment Project Area Name, or "Outside": Culver City Redev. Project

Affordable Housing Project Name: Alternative Living for the Aging

Check only one:

☐ Inside Project Area ☐ Outside Project Area CITYWIDE

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

☐ Agency Developed ☐ Non-Agency Developed

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

☐ Rental ☐ Owner-Occupied

Enter the number of units for each applicable activity below:

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

A. **New Construction Units (non replacement/non inclusionary):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

B. **Substantial Rehabilitation Units (value increase with land > 25% (non replacement/non inclusionary):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

C. **Non-Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

D. **Acquisition of Units Only (non acquisition of affordability covenants for inclusionary credit):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

F. **Mobilehome Park Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

Agency Name: Culver City Housing Project Name: _____

SCHEDULE HCD-D5
OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF) (continued)

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

G. **Preservation (H&S 33334.2(e)(11) Threat of Public Assisted/Subsidized Rentals Converted to Market):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

H. **Subsidy (other than any activity already reported on this form):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

I. **Other Assistance:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
76	18	1	95	4	23	2	3	28	5	99	20	4	123	9

TOTAL UNITS (Add only TOTAL of all "TOTAL Elderly / Non Elderly Units"): 123

If TOTAL UNITS is less than "Total Project Units" shown on HCD Schedule D1, report the remainder as instructed below.

Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:

- ☐ Replacement Housing Units (Sch HCD-D2)
- Inclusionary Units:
  - ☐ Inside Project Area (Sch HCD-D3)
  - ☐ Outside Project Area (Sch HCD-D4)
- Other Housing Units Provided:
  - ☒ Without LMIHF (Sch HCD-D6)
  - ☐ No Assistance (Sch HCD-D7)

SCHEDULE HCD-D5

OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF)

(units not claimed on Schedule D-2,3,4,6,7)

(lack minimum replacement or inclusionary restrictions and/or not controlled by agency or community)

Agency: Culver City

Redevelopment Project Area Name, or "Outside": Culver City Redev. Project

Affordable Housing Project Name: Home Secure

Check only one:

☐ Inside Project Area ☐ Outside Project Area CITYWIDE

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

☐ Agency Developed ☐ Non-Agency Developed

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

☐ Rental ☐ Owner-Occupied

Enter the number of units for each applicable activity below:

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

A. **New Construction Units (non replacement/non inclusionary):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	**TOTAL**	INELG.

B. **Substantial Rehabilitation Units (value increase with land > 25% (non replacement/non inclusionary):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	**TOTAL**	INELG.

C. **Non-Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	**TOTAL**	INELG.

D. **Acquisition of Units Only (non acquisition of affordability covenants for inclusionary credit):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	**TOTAL**	INELG.

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	**TOTAL**	INELG.

F. **Mobilehome Park Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	**TOTAL**	INELG.

Agency Name: Culver City Housing Project Name: _____

SCHEDULE HCD-D5
OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF) (continued)

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

G. **Preservation (H&S 33334.2(e)(11) Threat of Public Assisted/Subsidized Rentals Converted to Market):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

H. **Subsidy (other than any activity already reported on this form):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

I. **Other Assistance:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
15	16	13	44				1	1		15	16	14	45	

TOTAL UNITS (Add only TOTAL of all "TOTAL Elderly / Non Elderly Units"): 45

If TOTAL UNITS is less than "Total Project Units" shown on HCD Schedule D1, report the remainder as instructed below.

Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:

☐ Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:
☐ Inside Project Area (Sch HCD-D3)
☐ Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:
☐ Without LMIHF (Sch HCD-D6)
☐ No Assistance (Sch HCD-D7)

SCHEDULE HCD-D5

OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF)

(units not claimed on Schedule D-2,3,4,6,7)

(lack minimum replacement or inclusionary restrictions and/or not controlled by agency or community)

Agency: Culver City

Redevelopment Project Area Name, or "Outside": Culver City Redev. Project

Affordable Housing Project Name: Housing Rights Center

Check only one:

☐ Inside Project Area ☐ Outside Project Area CITYWIDE

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

☐ Agency Developed ☐ Non-Agency Developed

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

☐ Rental ☐ Owner-Occupied

Enter the number of units for each applicable activity below:

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

A. **New Construction Units (non replacement/non inclusionary):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	**TOTAL**	INELG.

B. **Substantial Rehabilitation Units (value increase with land > 25% (non replacement/non inclusionary):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	**TOTAL**	INELG.

C. **Non-Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	**TOTAL**	INELG.

D. **Acquisition of Units Only (non acquisition of affordability covenants for inclusionary credit):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	**TOTAL**	INELG.

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	**TOTAL**	INELG.

F. **Mobilehome Park Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	**TOTAL**	INELG.

Agency Name: Culver City Housing Project Name: _____

SCHEDULE HCD-D5
OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF) (continued)

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

G. **Preservation (H&S 33334.2(e)(11) Threat of Public Assisted/Subsidized Rentals Converted to Market):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

H. **Subsidy (other than any activity already reported on this form):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

I. **Other Assistance:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
9	8	4	21	2	131	133	76	340	25	140	141	80	361	27

TOTAL UNITS (Add only TOTAL of all "TOTAL Elderly / Non Elderly Units"): 361

If TOTAL UNITS is less than "Total Project Units" shown on HCD Schedule D1, report the remainder as instructed below.

Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:

☐ Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:
☐ Inside Project Area (Sch HCD-D3)
☐ Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:
☒ Without LMIHF (Sch HCD-D6)
☐ No Assistance (Sch HCD-D7)

SCHEDULE HCD-D5

OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF)

(units not claimed on Schedule D-2,3,4,6,7)

(lack minimum replacement or inclusionary restrictions and/or not controlled by agency or community)

Agency: Culver City

Redevelopment Project Area Name, or "Outside": Culver City Redev. Project

Affordable Housing Project Name: Neighborhood Preservation

Check only one:

☐ Inside Project Area ☐ Outside Project Area

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

☐ Agency Developed ☐ Non-Agency Developed

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

☐ Rental ☒ Owner-Occupied

Enter the number of units for each applicable activity below:

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

A. **New Construction Units (non replacement/non inclusionary):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

B. **Substantial Rehabilitation Units (value increase with land > 25% (non replacement/non inclusionary):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

C. **Non-Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
8	1	-	9	-	5	5	1	11	-	13	6	1	20	-

D. **Acquisition of Units Only (non acquisition of affordability covenants for inclusionary credit):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

F. **Mobilehome Park Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

Agency Name: Culver City Housing Project Name: _____

SCHEDULE HCD-D5
OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF) (continued)

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

G. **Preservation (H&S 33334.2(e)(11) Threat of Public Assisted/Subsidized Rentals Converted to Market):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

H. **Subsidy (other than any activity already reported on this form):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

I. **Other Assistance:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

TOTAL UNITS (Add only TOTAL of all "TOTAL Elderly / Non Elderly Units"): 20

If TOTAL UNITS is less than "Total Project Units" shown on HCD Schedule D1, report the remainder as instructed below.

Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:

☐ Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:
☐ Inside Project Area (Sch HCD-D3)
☐ Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:
☐ Without LMIHF (Sch HCD-D6)
☐ No Assistance (Sch HCD-D7)

SCHEDULE HCD-D5

OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF)

(units not claimed on Schedule D-2,3,4,6,7)

(lack minimum replacement or inclusionary restrictions and/or not controlled by agency or community)

Agency: Culver City

Redevelopment Project Area Name, or "Outside": Culver City Redev. Project

Affordable Housing Project Name: Neighborhood Preservation

Check only one:

☐ Inside Project Area ☐ Outside Project Area

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

☐ Agency Developed ☐ Non-Agency Developed

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

☒ Rental ☐ Owner-Occupied

Enter the number of units for each applicable activity below:

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

A. **New Construction Units (non replacement/non inclusionary):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

B. **Substantial Rehabilitation Units (value increase with land > 25% (non replacement/non inclusionary):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

C. **Non-Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
17	1	–	18	–	11	7	2	20	7	28	8	2	38	7

D. **Acquisition of Units Only (non acquisition of affordability covenants for inclusionary credit):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

F. **Mobilehome Park Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

Agency Name: Culver City Housing Project Name: _____

SCHEDULE HCD-D5
OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF) (continued)

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

G. **Preservation (H&S 33334.2(e)(11) Threat of Public Assisted/Subsidized Rentals Converted to Market):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

H. **Subsidy (other than any activity already reported on this form):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

I. **Other Assistance:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

TOTAL UNITS (Add only TOTAL of all "TOTAL Elderly / Non Elderly Units"): 38

If TOTAL UNITS is less than "Total Project Units" shown on HCD Schedule D1, report the remainder as instructed below.

Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:

- ☐ Replacement Housing Units (Sch HCD-D2)
- Inclusionary Units:
  - ☐ Inside Project Area (Sch HCD-D3)
  - ☐ Outside Project Area (Sch HCD-D4)
- Other Housing Units Provided:
  - ☒ Without LMIHF (Sch HCD-D6)
  - ☐ No Assistance (Sch HCD-D7)

SCHEDULE HCD-D5

OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF)

(units not claimed on Schedule D-2,3,4,6,7)

(lack minimum replacement or inclusionary restrictions and/or not controlled by agency or community)

Agency: Culver City

Redevelopment Project Area Name, or "Outside": Culver City Redev. Project

Affordable Housing Project Name: Neighborhood Preservation (Jackson)

Check only one:

☐ Inside Project Area ☐ Outside Project Area

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

☐ Agency Developed ☐ Non-Agency Developed

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

☒ Rental ☐ Owner-Occupied

Enter the number of units for each applicable activity below:

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

A. **New Construction Units (non replacement/non inclusionary):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	**TOTAL**	INELG.

B. **Substantial Rehabilitation Units (value increase with land > 25% (non replacement/non inclusionary):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	**TOTAL**	INELG.

C. **Non-Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	**TOTAL**	INELG.
					7	1	1	9		7	1	1	9	9

D. **Acquisition of Units Only (non acquisition of affordability covenants for inclusionary credit):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	**TOTAL**	INELG.

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	**TOTAL**	INELG.

F. **Mobilehome Park Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	**TOTAL**	INELG.

Agency Name: Culver City Housing Project Name: _____

SCHEDULE HCD-D5
OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF) (continued)

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

G. **Preservation (H&S 33334.2(e)(11) Threat of Public Assisted/Subsidized Rentals Converted to Market):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

H. **Subsidy (other than any activity already reported on this form):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

I. **Other Assistance:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

TOTAL UNITS (Add only TOTAL of all "TOTAL Elderly / Non Elderly Units"): 9

If TOTAL UNITS is less than "Total Project Units" shown on HCD Schedule D1, report the remainder as instructed below.

Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:

☐ Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:
☐ Inside Project Area (Sch HCD-D3)
☐ Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:
☐ Without LMIHF (Sch HCD-D6)
☐ No Assistance (Sch HCD-D7)

SCHEDULE HCD-D5

OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF)

(units not claimed on Schedule D-2,3,4,6,7)

(lack minimum replacement or inclusionary restrictions and/or not controlled by agency or community)

Agency: Culver City

Redevelopment Project Area Name, or "Outside": Culver City Redev. Project

Affordable Housing Project Name: Rental Assistance Program

Check only one:

☐ Inside Project Area ☐ Outside Project Area CITYWIDE

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

☐ Agency Developed ☐ Non-Agency Developed

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

☐ Rental ☐ Owner-Occupied

Enter the number of units for each applicable activity below:

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

A. **New Construction Units (non replacement/non inclusionary):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

B. **Substantial Rehabilitation Units (value increase with land > 25% (non replacement/non inclusionary):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

C. **Non-Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

D. **Acquisition of Units Only (non acquisition of affordability covenants for inclusionary credit):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

F. **Mobilehome Park Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

Agency Name: Culver City Housing Project Name: _____

SCHEDULE HCD-D5
OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF) (continued)

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

G. **Preservation (H&S 33334.2(e)(11) Threat of Public Assisted/Subsidized Rentals Converted to Market):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

H. **Subsidy (other than any activity already reported on this form):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

I. **Other Assistance:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
15	1		16		14	2		16		29	3		32	

TOTAL UNITS (Add only TOTAL of all "TOTAL Elderly / Non Elderly Units"): 32

If TOTAL UNITS is less than "Total Project Units" shown on HCD Schedule D1, report the remainder as instructed below.

Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:

☐ Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:
☐ Inside Project Area (Sch HCD-D3)
☐ Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:
☐ Without LMIHF (Sch HCD-D6)
☐ No Assistance (Sch HCD-D7)

SCHEDULE HCD-D6

OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITHOUT LMIHF)

(units not claimed on Schedule D-2,3,4,5,7)

(units without minimum affordability restrictions and/or units that agency or community does not control)

Agency: Culver City

Redevelopment Project Area Name, or "Outside": Culver City Redev. Project

Affordable Housing Project Name: Alternative Living for the Aging

Check only one:

☐ Inside Project Area ☐ Outside Project Area

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

☐ Agency Developed ☐ Non-Agency Developed

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

☐ Rental ☐ Owner-Occupied

Enter the number of units for each applicable activity below:

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

A. **New Construction Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

B. **Substantial Rehabilitation Units (increased value, inclusive of land, is > 25%):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

C. **Other Non-Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

D. **Acquisition Only:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

F. **Mobilehome Park Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

Agency Name: Culver City Housing Project Name: _____

SCHEDULE HCD-D6
OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITHOUT LMIHF) (continued)

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

G. **Preservation of Public Assisted Rentals At-Risk of Converting to Market Rent (H&S 33334.2(e)(11):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

H. **Replacement of Public Assisted At-Risk Units Without LMIHF (H&S 33334.3(h):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

I. **Replacement of Other (not at-risk) Rental Units Without LMIHF (H&S 33334.3(f)(1)(A):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

J. **Subsidy (other than any activity already reported on this form):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

K. **Other Assistance:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL
			4	4				5	5				9	9

TOTAL UNITS (Add only TOTAL of all "TOTAL Elderly / Non Elderly Units"): 9

If TOTAL UNITS is less than "Total Project Units" shown on HCD Schedule D1, report the remainder as instructed below.

Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:

☐ Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:
☐ Inside Project Area (Sch HCD-D3)
☐ Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:
☒ With LMIHF (Sch HCD-D5)
☐ No Assistance (Sch HCD-D7)

SCHEDULE HCD-D6

OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITHOUT LMIHF)

(units not claimed on Schedule D-2,3,4,5,7)

(units without minimum affordability restrictions and/or units that agency or community does not control)

Agency: Culver City

Redevelopment Project Area Name, or "Outside": Culver City Redev. Project

Affordable Housing Project Name: Housing Rights Center

Check only one:

☐ Inside Project Area ☐ Outside Project Area CITYWIDE

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

☐ Agency Developed ☐ Non-Agency Developed

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

☐ Rental ☐ Owner-Occupied

Enter the number of units for each applicable activity below:

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

A. **New Construction Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

B. **Substantial Rehabilitation Units (increased value, inclusive of land, is > 25%):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

C. **Other Non-Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

D. **Acquisition Only:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

F. **Mobilehome Park Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

Agency Name: Culver City Housing Project Name: _____

SCHEDULE HCD-D6
OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITHOUT LMIHF) (continued)

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

G. **Preservation of Public Assisted Rentals At-Risk of Converting to Market Rent (H&S 33334.2(e)(11):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

H. **Replacement of Public Assisted At-Risk Units Without LMIHF (H&S 33334.3(h):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

I. **Replacement of Other (not at-risk) Rental Units Without LMIHF (H&S 33334.3(f)(1)(A):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

J. **Subsidy (other than any activity already reported on this form):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

K. **Other Assistance:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL
			2	2				25	25				27	27

TOTAL UNITS (Add only TOTAL of all "TOTAL Elderly / Non Elderly Units"): 27

If TOTAL UNITS is less than "Total Project Units" shown on HCD Schedule D1, report the remainder as instructed below.

Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:

☐ Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:
☐ Inside Project Area (Sch HCD-D3)
☐ Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:
☒ With LMIHF (Sch HCD-D5)
☐ No Assistance (Sch HCD-D7)

SCHEDULE HCD-D6

OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITHOUT LMIHF)

(units not claimed on Schedule D-2,3,4,5,7)

(units without minimum affordability restrictions and/or units that agency or community does not control)

Agency: Culver City

Redevelopment Project Area Name, or "Outside": Culver City Redev. Project

Affordable Housing Project Name: Neighborhood Preservation

Check only one:

☐ Inside Project Area ☐ Outside Project Area

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

☐ Agency Developed ☐ Non-Agency Developed

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

☒ Rental ☐ Owner-Occupied

Enter the number of units for each applicable activity below:

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

A. **New Construction Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

B. **Substantial Rehabilitation Units (increased value, inclusive of land, is > 25%):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

C. **Other Non-Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL
				0					7				7	7

D. **Acquisition Only:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

F. **Mobilehome Park Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

Agency Name: Culver City Housing Project Name: _____

SCHEDULE HCD-D6
OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITHOUT LMIHF) (continued)

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

G. **Preservation of Public Assisted Rentals At-Risk of Converting to Market Rent (H&S 33334.2(e)(11):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

H. **Replacement of Public Assisted At-Risk Units Without LMIHF (H&S 33334.3(h):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

I. **Replacement of Other (not at-risk) Rental Units Without LMIHF (H&S 33334.3(f)(1)(A):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

J. **Subsidy (other than any activity already reported on this form):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

K. **Other Assistance:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL	VLOW	LOW	MOD	*AMOD*	TOTAL

TOTAL UNITS (Add only TOTAL of all "TOTAL Elderly / Non Elderly Units"): 7

If TOTAL UNITS is less than "Total Project Units" shown on HCD Schedule D1, report the remainder as instructed below.

Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:

☐ Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:
☐ Inside Project Area (Sch HCD-D3)
☐ Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:
☒ With LMIHF (Sch HCD-D5)
☐ No Assistance (Sch HCD-D7)

SCHEDULE HCD-E

CALCULATION OF INCREASE IN AGENCY'S INCLUSIONARY OBLIGATION BASED ON SPECIFIED HOUSING ACTIVITY DURING THE REPORTING YEAR

Agency: Culver City

Name of Project or Area (if applicable, list "Outside" or "Summary": _____

Complete this form to report activity separately by project or area or to summarize activity for the year. Report all new construction and/or substantial rehabilitation units from Forms D2 through D7 that were: (a) developed by the agency and/or (b) developed only in a project area by a nonagency person or entity.

PART I [H&SC Section 33413(b)(1)] AGENCY DEVELOPED UNITS DURING THE REPORTING YEAR BOTH INSIDE AND OUTSIDE OF A PROJECT AREA	
1. New Units Developed by the Agency	0
2. Substantially Rehabilitated Units Developed by the Agency	0
3. Subtotal - Baseline of Agency Developed Units (add lines 1 & 2)	0
4. Subtotal of Increased Inclusionary Obligation (Line 3 x 30%) *(see Notes 1 and 2 below)*	0
5. Very-Low Inclusionary Obligation Increase Units (Line 4 x 50%)	0
PART II [H&SC Section 33413(b)(2)] NONAGENCY DEVELOPED UNITS DURING THE REPORTING YEAR ONLY INSIDE A PROJECT AREA	
6. New Units Developed by Any Nonagency Person or Entity	0
7. Substantially Rehabilitated Units Developed by Any Nonagency Person or Entity	0
8. Subtotal - Baseline of Nonagency Developed Units (add lines 6 & 7)	0
9. Subtotal of Increased Inclusionary Obligation (Line 8 x 15%) *(see Notes 1 and 2 below)*	0
10. Very-Low Inclusionary Obligation Increase (Line 9 x 40%)	0
PART III REPORTING YEAR TOTALS	
11. Total Increase in Inclusionary Obligation (add lines 4 and 9)	0
12. Very-Low Inclusionary Obligation Increase (add lines 5 and 10) ***(Line 12 is a subset of Line 11)***	0

****

NOTES:

1. *Section 33413(b)(1), (2), and (4) require agencies to ensure that applicable percentages (30% or 15%) of all (market-rate and affordable) "new and substantially rehabilitated dwelling units" are made available at affordable housing cost within 10-year planning periods. Market-rate units: units not assisted with low-mod funds and jurisdiction does not control affordability restrictions. Affordable units: units generally restricted for the longest feasible time beyond the redevelopment plan's land use controls and jurisdiction controls affordability restrictions. Agency developed units: market-rate units can not exceed 70 percent and affordable units must be at least 30 percent; however, all units assisted with low-mod funds must be affordable. Nonagency developed (project area) units: market-rate units can not exceed 85 percent and affordable units must be at least 15 percent.*
2. *Production requirements may be met on a project-by-project basis or in aggregate within each 10-year planning period. The percentage of affordable units relative to total units required within each 10-year planning period may be calculated as follows:*

$$\textit{AFFORDABLE units} = \frac{\textit{Market-rate} \times (.30 \text{ or } .15)}{(.70 \text{ or } .85)} \qquad \textit{TOTAL units} = \frac{\textit{Market-rate or Affordable}}{(.70 \text{ or } .85) \quad (.30 \text{ or } .15)}$$

SCHEDULE HCD-D7

HOUSING UNITS PROVIDED (NO AGENCY ASSISTANCE)

(units not claimed on Schedule D-2,3,4,5,6)

Agency: Culver City

Redevelopment Project Area Name, or "Outside": _____

Housing Project Name: _____

NOTE: On this form, only report UNITS NOT REPORTED on HCD-D2 through HCD-D6 for project/program units that have not received any agency assistance. Agency assistance includes either financial assistance (LMIHF or other agency funds) or nonfinancial assistance (design, planning, etc.) provided by agency staff. In some cases, of the total units reported on HCD D1, a portion of units in the same project/program may be agency assisted (reported on HCD-D2 through HCD-D6) whereas other units may be unassisted by the agency (reported on HCD-D7).

The intent of this form is to: (1) reconcile any difference between total project/program units reported on HCD-D1 compared to the sum of all the project's/program's units reported on HCD-D2 through HCD-D6, and (2) account for other (nonassisted) housing units provided inside a project area that increases the agency's inclusionary obligation. Reporting nonagency assisted projects outside a project area is optional, if units do not make-up any part of total units reported on HCD-D1.

HCD-D7 Reporting Examples

Example 1 (reporting partial units): A new 100 unit project was built (reported on HCD-D1, Inside or Outside a project area). Fifty (50) units received agency assistance [30 affordable LMIHF units (reported on either HCD-D2, D3, D4, or D5) and 20 above moderate units were funded with other agency funds (reported on HCD-D6)]. The remaining 50 (privately financed and developed market-rate units) must be reported on HCD-D7 to make up the difference between 100 reported on D1 and 50 reported on D2-D6).

Example 2 (reporting all units): Inside a project area a condemned, historic property was substantially rehabilitated (multi-family or single-family), funded by tax credits and other private financing without any agency assistance.

Check whether Inside or Outside Project Area in completing applicable information below:

☐ INSIDE Project Area

Enter the number for each unit type for each applicable activity:

ACTIVITY: / UNIT TYPE:	VLOW	LOW	MOD	AMOD	TOTAL
New Construction Units:					0
Substantial Rehabilitation Units:					0
Total Units:					0

If agency did not assist any part of project identify Building Permit Number and Date:	BUILDING PERMIT NUMBER	BUILDING PERMIT DATE

☐ OUTSIDE Project Area

Enter the number for each unit type for each applicable activity:

ACTIVITY: / UNIT TYPE:	VLOW	LOW	MOD	AMOD	TOTAL
New Construction Units:					0
Substantial Rehabilitation Units:					0
Total Units:					0

If agency did not assist any part of project identify Building Permit Number and Date:	BUILDING PERMIT NUMBER	BUILDING PERMIT DATE

Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:

☐ Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:
☐ Inside Project Area (Sch HCD-D3)
☐ Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:
☐ With LMIHF (Sch HCD-D5)
☐ Without LMIHF (Sch HCD-D6)

REDEVELOPMENT AGENCIES
FINANCIAL TRANSACTIONS REPORT

COVER PAGE

Culver City Redevelopment Agency

Fiscal Year: **2007** ID Number: **13981922800**

Submitted by: [signature] City Treasurer

Signature Title

Crystal C. Alexander 12-11-07

Name (Please Print) Date

Per Health and Safety Code section 33080, this report is due within six months after the end of the fiscal year. The report is to include two (2) copies of the agency's component unit audited financial statements, and the report on the Status and Use of the Low and Moderate Income Housing Fund (HCD report). To meet the filing requirements, all portions must be received by the California State Controller's Office.

To file electronically:

1. Complete all forms as necessary.
2. Transmit the completed output file using a File Transfer Protocol (FTP) program or via diskette.
3. Sign this cover page and mail to either address below with 2 audits and the HCD report.

Report will not be considered filed until receipt of this signed cover page.

To file a paper report:

1. Complete all forms as necessary.
2. Sign this cover page, and mail complete report to either address below with 2 audits and the HCD report.

Mailing Address:

State Controller's Office
Division of Accounting and Reporting
Local Government Reporting Section
P. O. Box 942850
Sacramento, CA 94250

Express Mailing Address:

State Controller's Office
Division of Accounting and Reporting
Local Government Reporting Section
3301 C Street, Suite 700
Sacramento, CA 95816

Culver City Redevelopment Agency

Redevelopment Agencies Financial Transactions Report

General Information

Fiscal Year 2007

Members of the Governing Body

	Last Name	First Name	Middle Initial
Chairperson	Malsin	Scott	
Member	Corlin	Alan	
Member	Gross	Carol	A
Member	Rose	Steven	J
Member	Silbiger	Gary	
Member			
Member			
Member			
Member			
Member			

Agency Officials

	Last Name	First Name	Middle Initial	Phone
Executive Director	Fullwood	Jerry		(310) 253-6000
Fiscal Officer	Alexander	Crystal		(310) 253-5866
Secretary	Prasad	Alice		(310) 253-5704

	Report Prepared By	Independent Auditor
Firm Name		Lance, Soll & Lunghard, CPAs, LLP
Last	Chu	Chu
First	Michael	Michael
Middle Initial	K	K
Street	203 N. Brea Blvd, Suite 203	203 N. Brea Blvd, Suite 203
City	Brea	Brea
State	CA	CA
Zip Code	92821-4056	92821-4056
Phone	(714) 672-0022	(714) 672-0022

Mailing Address

Street 1: 9770 Culver Boulevard
Street 2:
City: Culver City State: CA Zip: 90232-0507
Phone: (310) 253-5879 ☐ Is Address Changed?

CLIENT'S COPY
LANCE, SOLL & LUNGHARD, LLP, CPA's
BREA, CALIFORNIA

Culver City Redevelopment Agency
Redevelopment Agencies Financial Transactions Report

Achievement Information (Unaudited)

Fiscal Year 2007

Indicate Only Those Achievements Completed During the Fiscal Year of this Report as a Direct Result of the Activities of the Redevelopment Agency.

Please provide a description of the agency's activities/accomplishments during the past year.

(Please be specific, as this information will be the basis for possible inclusion in the publication.)

Activity Report

During FY2006-07, Agency staff continued its efforts to complete several traditional redevelopment projects and other redevelopment efforts. In considering this work program, Agency staff anticipated that it will take approximately two additional years to complete these projects. Below is information related to the status of the various projects and additional anticipated efforts:

Washington and National. During FY2006-07 the Agency focused its efforts on acquiring properties that comprise the site and assisting the Planning Division with a Specific Plan for the area. The project continues to be a transit oriented development located at the interim terminus of the proposed light-rail line that will connect Culver City to Downtown Los Angeles.

Washington and Centinela. During FY2006-07 the Agency successfully acquired and demolished the properties that comprise the site.

Baldwin Motel. During FY2006-07 after the first Disposition and Development Agreement terminated through the developer's default, the Agency completed and issued a Request for Proposal from the development.

Hayden Tract. During FY2006-07, City and Agency staff participated in the resolution of a lawsuit related to the sale of the City-owned parking lot located at 8511 Warner Drive to Samitaur Constructs, resolved issues related to the redevelopment/rehabilitation of the property at 3505 National Boulevard (which has become home to Nike's western regional headquarters) and continued working with the Metropolitan Transit District to reuse the former railroad spur.

Enter the amount of square footage completed this year by building type and segregated by new or rehabilitated construction.

Square Footage Completed

	New Construction	Rehabilitated
Commercial Buildings	0	16,426
Industrial Buildings	0	0
Public Buildings	0	9,664
Other Buildings	0	0
Total Square Footage	0	26,090

Enter the Number of Jobs Created from the Activities of the Agency: 59

Types Completed:

A=Utilities B=Recreation C=Landscaping D=Sewer/ Storm E=Streets/ Roads F=Bus/Transit

Achievement Information (Unaudited)

Encore Motel. During FY2006-07 staff provided non-monetary assistance to the developer when possible regarding the acquisition of the property.

Culver and Sawtelle. During FY2006-07 staff continued its efforts to redevelop this property.

Downtown Street Realignment/Parcel B. During FY2006-07 staff continued design efforts related to Parcel B and the realignment of Washington Boulevard, and executed a Disposition and Development Agreement for Parcel B with the selected developer.

Agency Programs

Agency programs relate to Housing, Cultural Affairs, Economic Development, property management and other programs.

Housing

During FY2006-07, the Neighborhood Revitalization Program team (comprised of Agency staff with support from the City Attorney's Office, a Code Enforcement Officer, and assistance from the Building Official) has continued their focus on revitalization efforts on Wade Street, Kinston Avenue, and Helms Ave.

The Housing Division Work Program continues several successful programs that have been on-going for several years. These include funds for the Neighborhood Preservation Program which offers rehabilitation grants for income-eligible single family and multi-family properties and the Rental Assistance Program to help make the City's existing housing stock affordable to lower-income households.

Three special programs include on-going funding for Home Secure and Shared Housing for the Elderly. Fair Housing is a new program to provide fair housing counseling and mediation for persons who feel they are being treated unfairly by their landlords.

Cultural Affairs. During FY2006-07, Cultural Affairs produced a number of special activities and programs that are funded by the Agency. The special activities and programs included the Summer Sunset Music Festival, The Art Of, and Music in the Chambers, Art Walk, All Strings Considered as well as others. These activities and programs market the Redevelopment Agency, increase patron

Achievement Information (Unaudited)

attraction to the city and support economic development initiatives.

Economic Development. During FY2006-07, Economic Development completed negotiations with a number of retail and business tenants. Economic Development also worked to identify additional theatre space for the Actor's Gang, assisted Smashbox during Fashion Week, and conducted outreach to business/property owners throughout the community.

Property Management. Property Management is an ongoing effort and includes funds to maintain Agency owned properties including the three downtown parking structures, the Virginia Parking Lot, Machado Road landscaped buffer, banners, graffiti abatement, etc. The program also includes funds for the Ivy Substation and the final post-construction property management funds of Town Park.

Parking. The parking related programs include management and security costs that total approximately $1 million. The budget for the Cardiff parking structure includes $175,000 for installation of security gates, which has begun and should be completed during the coming months. Parking fees and revenues from the three parking structures are estimated to be $690,000 in FY2007-08 and $710,000 in FY2008-09.

Culver City Redevelopment Agency

Redevelopment Agencies Financial Transactions Report

Audit Information

Fiscal Year 2007

Was the Report Prepared from Audited Financial Data, and Did You Submit a Copy of the Audit?	Yes	If compliance opinion includes exceptions, state the areas of non-compliance, and describe the agency's efforts to correct.
Indicate Financial Audit Opinion	Unqualified	
If Financial Audit is not yet Completed, What is the Expected Completion Date?		
If the Audit Opinion was Other than Unqualified, State Briefly the Reason Given		
Was a Compliance Audit Performed in Accordance with Health and Safety Code Section 33080.1 and the State Controller's Guidelines for Compliance Audits, and Did You Submit a Copy of the Audit?	Yes	
Indicate Compliance Audit Opinion	Unqualified	
If Compliance Audit is not yet Completed, What is the Expected Completion Date?		

Culver City Redevelopment Agency
Redevelopment Agencies Financial Transactions Report

Project Area Report

Fiscal Year 2007 **Project Area Name** Culver City Project Area

Please Provide a Brief Description of the Activities for this Project Area During the Reporting Year.

Activity Report

During FY2006-07, Agency staff continued its efforts to complete several traditional redevelopment projects and other redevelopment efforts. In considering this work program, Agency staff anticipated that it will take approximately two additional years to complete these projects. Below is information related to the status of the various projects and additional anticipated efforts:

Washington and National. During FY2006-07 the Agency focused its efforts on acquiring properties that comprise the site and assisting the Planning Division with a Specific Plan for the area. The project continues to be a transit oriented development located at the interim terminus of the proposed light-rail line that will connect Culver City to Downtown Los Angeles.

Washington and Centinela. During FY2006-07 the Agency successfully acquired and demolished the properties that comprise the site.

Forwarded from Prior Year ?	Yes
Enter Code for Type of Project Area Report	P

P = Standard Project Area Report
L = Low and Moderate Income Housing Fund
O = Other Miscellaneous Funds or Programs
A = Administrative Fund
M = Mortgage Revenue Bond Program
S = Proposed (Survey) Project Area

Does the Plan Include Tax Increment Provisions?	Yes
Date Project Area was Established *(MM-DD-YY)*	7/26/1971
Most Recent Date Project Area was Amended	11/23/1998
Did this Amendment Add New Territory?	Yes
Most Recent Date Project Area was Merged	11/23/1998
Will this Project Area be Carried Forward to Next Year?	Yes
Established Time Limit :	
Repayment of Indebtedness *(Year Only)*	2043
Effectiveness of Plan *(Year Only)*	2028
New Indebtedness *(Year Only)*	2018
Size of Project Area in Acres	1,286
Percentage of Land Vacant at the Inception of the Project Area *Health and Safety Code Section 33320.1 (xx.x%)*	12.0
Percentage of Land Developed at the Inception of the Project Area *Health and Safety Code Section 33320.1 (xx.x%)*	88.0
Objectives of the Project Area as Set Forth in the Project Area Plan *(Enter the Appropriate Code(s) in Sequence as Shown)*	RICPO

R = Residential I = Industrial C = Commercial P = Public O = Other

Culver City Redevelopment Agency
Redevelopment Agencies Financial Transactions Report

Assessed Valuation Data

Fiscal Year **2007**

Project Area Name	Culver City Project Area
Frozen Base Assessed Valuation	544,398,481
Increment Assessed Valuation	2,571,705,640
Total Assessed Valuation	3,116,104,121

Culver City Redevelopment Agency

Redevelopment Agencies Financial Transactions Report

Pass-Through / School District Assistance

Fiscal Year 2007

Project Area Name Culver City Project Area

Amounts Paid To Taxing Agencies Pursuant To:	Tax Increment Pass Through Detail				Other Payments	
	H & S Code Section 33401	H & S Code Section 33676	H & S Code Section 33607	Total	H & S Code Section 33445	H & S Code Section 33445.5
County			861,479	$861,479		
Cities	164,414			$164,414		
School Districts	1,496,547			$1,496,547		
Community College District	40,497			$40,497		
Special Districts	67,366			$67,366		
Total Paid to Taxing Agencies	$1,768,824	$0	$861,479	$2,630,303	$0	$0
Net Amount to Agency				$25,830,773		
Gross Tax Increment Generated				28,461,076		

Culver City Redevelopment Agency
Redevelopment Agencies Financial Transactions Report
Summary of the Statement of Indebtedness - Project Area

Fiscal Year	2007
Project Area Name	Culver City Project Area
Tax Allocation Bond Debt	218,255,964
Revenue Bonds	36,227,913
Other Long Term Debt	
City/County Debt	511,453,301
Low and Moderate Income Housing Fund	442,592,000
Other	48,851,745
Total	$1,257,380,923
Available Revenues	27,605,479
Net Tax Increment Requirements	$1,229,775,444

Culver City Redevelopment Agency

Redevelopment Agencies Financial Transactions Report

Agency Long-Term Debt

Fiscal Year 2007

Project Area Name Culver City Project Area

Forward from Prior Year	Yes
Bond Type	City/County Debt
Year of Authorization	2001
Principal Amount Authorized	505,818
Principal Amount Issued	505,818
Purpose of Issue	Parking Lot
Maturity Date Beginning Year	2001
Maturity Date Ending Year	2021
Principal Amount Unmatured Beginning of Fiscal Year	$505,818
Adjustment Made During Year	
Adjustment Explanation	
Interest Added to Principal	
Principal Amount Issued During Fiscal Year	
Principal Amount Matured During Fiscal Year	505,818
Principal Amount Defeased During Fiscal Year	
Principal Amount Unmatured End of Fiscal Year	$0
Principal Amount In Default	
Interest In Default	

Bond Types Allowed:

Tax Allocation Bonds; Revenue Bonds; Certificates of Participation; Tax Allocation Notes; Financing Authority Bonds; City/County Debt; US;State; Loans; Lease Obligations; Notes; Deferred Pass-Throughs; Deferred Compensation; Other

Culver City Redevelopment Agency

Redevelopment Agencies Financial Transactions Report

Agency Long-Term Debt

Fiscal Year 2007

Project Area Name Culver City Project Area

Forward from Prior Year	Yes
Bond Type	Loans
Year of Authorization	2005
Principal Amount Authorized	1,200,000
Principal Amount Issued	1,200,000
Purpose of Issue	To Fund Redevelopment Projects
Maturity Date Beginning Year	2005
Maturity Date Ending Year	2043
Principal Amount Unmatured Beginning of Fiscal Year	$1,088,946
Adjustment Made During Year	
Adjustment Explanation	
Interest Added to Principal	
Principal Amount Issued During Fiscal Year	
Principal Amount Matured During Fiscal Year	57,795
Principal Amount Defeased During Fiscal Year	
Principal Amount Unmatured End of Fiscal Year	$1,031,151
Principal Amount In Default	
Interest In Default	

Bond Types Allowed:

Tax Allocation Bonds; Revenue Bonds; Certificates of Participation; Tax Allocation Notes; Financing Authority Bonds; City/County Debt; US;State; Loans; Lease Obligations; Notes; Deferred Pass-Throughs; Deferred Compensation; Other

Culver City Redevelopment Agency

Redevelopment Agencies Financial Transactions Report

Agency Long-Term Debt

Fiscal Year 2007

Project Area Name Culver City Project Area

Forward from Prior Year	Yes
Bond Type	Revenue Bonds
Year of Authorization	1993
Principal Amount Authorized	13,790,000
Principal Amount Issued	13,790,000
Purpose of Issue	Financing
Maturity Date Beginning Year	1993
Maturity Date Ending Year	2021
Principal Amount Unmatured Beginning of Fiscal Year	$1,685,000
Adjustment Made During Year	
Adjustment Explanation	
Interest Added to Principal	
Principal Amount Issued During Fiscal Year	
Principal Amount Matured During Fiscal Year	
Principal Amount Defeased During Fiscal Year	
Principal Amount Unmatured End of Fiscal Year	$1,685,000
Principal Amount In Default	
Interest In Default	

Bond Types Allowed:

Tax Allocation Bonds; Revenue Bonds; Certificates of Participation; Tax Allocation Notes; Financing Authority Bonds; City/County Debt; US;State; Loans; Lease Obligations; Notes; Deferred Pass-Throughs; Deferred Compensation; Other

Culver City Redevelopment Agency

Redevelopment Agencies Financial Transactions Report

Agency Long-Term Debt

Fiscal Year 2007

Project Area Name Culver City Project Area

Forward from Prior Year	Yes
Bond Type	Revenue Bonds
Year of Authorization	1993
Principal Amount Authorized	47,355,000
Principal Amount Issued	47,355,000
Purpose of Issue	Loan Agreement
Maturity Date Beginning Year	1993
Maturity Date Ending Year	2021
Principal Amount Unmatured Beginning of Fiscal Year	$11,770,000
Adjustment Made During Year	
Adjustment Explanation	
Interest Added to Principal	
Principal Amount Issued During Fiscal Year	
Principal Amount Matured During Fiscal Year	
Principal Amount Defeased During Fiscal Year	
Principal Amount Unmatured End of Fiscal Year	$11,770,000
Principal Amount In Default	
Interest In Default	

Bond Types Allowed:

Tax Allocation Bonds; Revenue Bonds; Certificates of Participation; Tax Allocation Notes; Financing Authority Bonds; City/County Debt; US;State; Loans; Lease Obligations; Notes; Deferred Pass-Throughs; Deferred Compensation; Other

Culver City Redevelopment Agency

Redevelopment Agencies Financial Transactions Report

Agency Long-Term Debt

Fiscal Year 2007

Project Area Name Culver City Project Area

Forward from Prior Year	Yes
Bond Type	Revenue Bonds
Year of Authorization	1993
Principal Amount Authorized	66,925,000
Principal Amount Issued	66,925,000
Purpose of Issue	Operations
Maturity Date Beginning Year	1993
Maturity Date Ending Year	2021
Principal Amount Unmatured Beginning of Fiscal Year	$14,770,000
Adjustment Made During Year	
Adjustment Explanation	
Interest Added to Principal	
Principal Amount Issued During Fiscal Year	
Principal Amount Matured During Fiscal Year	
Principal Amount Defeased During Fiscal Year	
Principal Amount Unmatured End of Fiscal Year	$14,770,000
Principal Amount In Default	
Interest In Default	

Bond Types Allowed:

Tax Allocation Bonds; Revenue Bonds; Certificates of Participation; Tax Allocation Notes; Financing Authority Bonds; City/County Debt; US;State; Loans; Lease Obligations; Notes; Deferred Pass-Throughs; Deferred Compensation; Other

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Culver City Redevelopment Agency

Redevelopment Agencies Financial Transactions Report

Agency Long-Term Debt

Fiscal Year 2007

Project Area Name Culver City Project Area

Forward from Prior Year	Yes
Bond Type	Tax Allocation Bonds
Year of Authorization	1999
Principal Amount Authorized	31,940,000
Principal Amount Issued	31,940,000
Purpose of Issue	Series A
Maturity Date Beginning Year	1999
Maturity Date Ending Year	2021
Principal Amount Unmatured Beginning of Fiscal Year	$25,985,000
Adjustment Made During Year	
Adjustment Explanation	
Interest Added to Principal	
Principal Amount Issued During Fiscal Year	
Principal Amount Matured During Fiscal Year	835,000
Principal Amount Defeased During Fiscal Year	
Principal Amount Unmatured End of Fiscal Year	$25,150,000
Principal Amount In Default	
Interest In Default	

Bond Types Allowed:

Tax Allocation Bonds; Revenue Bonds; Certificates of Participation; Tax Allocation Notes; Financing Authority Bonds; City/County Debt; US;State; Loans; Lease Obligations; Notes; Deferred Pass-Throughs; Deferred Compensation; Other

Culver City Redevelopment Agency

Redevelopment Agencies Financial Transactions Report

Agency Long-Term Debt

Fiscal Year 2007

Project Area Name Culver City Project Area

Forward from Prior Year	Yes
Bond Type	Tax Allocation Bonds
Year of Authorization	2002
Principal Amount Authorized	28,280,000
Principal Amount Issued	28,280,000
Purpose of Issue	Series A
Maturity Date Beginning Year	2002
Maturity Date Ending Year	2025
Principal Amount Unmatured Beginning of Fiscal Year	$24,395,000
Adjustment Made During Year	
Adjustment Explanation	
Interest Added to Principal	
Principal Amount Issued During Fiscal Year	
Principal Amount Matured During Fiscal Year	880,000
Principal Amount Defeased During Fiscal Year	
Principal Amount Unmatured End of Fiscal Year	$23,515,000
Principal Amount In Default	
Interest In Default	

Bond Types Allowed:

Tax Allocation Bonds; Revenue Bonds; Certificates of Participation; Tax Allocation Notes; Financing Authority Bonds; City/County Debt; US;State; Loans; Lease Obligations; Notes; Deferred Pass-Throughs; Deferred Compensation; Other

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Culver City Redevelopment Agency

Redevelopment Agencies Financial Transactions Report

Agency Long-Term Debt

Fiscal Year 2007

Project Area Name Culver City Project Area

Forward from Prior Year	Yes
Bond Type	Tax Allocation Bonds
Year of Authorization	2004
Principal Amount Authorized	83,470,000
Principal Amount Issued	83,470,000
Purpose of Issue	Refund and Defease Certain Bonds
Maturity Date Beginning Year	2004
Maturity Date Ending Year	2023
Principal Amount Unmatured Beginning of Fiscal Year	$77,920,000
Adjustment Made During Year	
Adjustment Explanation	
Interest Added to Principal	
Principal Amount Issued During Fiscal Year	
Principal Amount Matured During Fiscal Year	3,745,000
Principal Amount Defeased During Fiscal Year	
Principal Amount Unmatured End of Fiscal Year	$74,175,000
Principal Amount In Default	
Interest In Default	

Bond Types Allowed:

Tax Allocation Bonds; Revenue Bonds; Certificates of Participation; Tax Allocation Notes; Financing Authority Bonds; City/County Debt; US;State; Loans; Lease Obligations; Notes; Deferred Pass-Throughs; Deferred Compensation; Other

Culver City Redevelopment Agency

Redevelopment Agencies Financial Transactions Report

Agency Long-Term Debt

Fiscal Year 2007

Project Area Name Culver City Project Area

Forward from Prior Year	Yes
Bond Type	Tax Allocation Bonds
Year of Authorization	2005
Principal Amount Authorized	17,315,000
Principal Amount Issued	17,315,000
Purpose of Issue	To Defease 1999 Series B Bonds
Maturity Date Beginning Year	2005
Maturity Date Ending Year	2025
Principal Amount Unmatured Beginning of Fiscal Year	$17,315,000
Adjustment Made During Year	
Adjustment Explanation	
Interest Added to Principal	
Principal Amount Issued During Fiscal Year	
Principal Amount Matured During Fiscal Year	220,000
Principal Amount Defeased During Fiscal Year	
Principal Amount Unmatured End of Fiscal Year	$17,095,000
Principal Amount In Default	
Interest In Default	

Bond Types Allowed:

Tax Allocation Bonds; Revenue Bonds; Certificates of Participation; Tax Allocation Notes; Financing Authority Bonds; City/County Debt; US;State; Loans; Lease Obligations; Notes; Deferred Pass-Throughs; Deferred Compensation; Other

Culver City Redevelopment Agency

Redevelopment Agencies Financial Transactions Report

Agency Long-Term Debt

Fiscal Year 2007

Project Area Name Culver City Project Area

Forward from Prior Year	
Bond Type	Loans
Year of Authorization	2006
Principal Amount Authorized	1,550,000
Principal Amount Issued	1,550,000
Purpose of Issue	To fund redevelopment projects
Maturity Date Beginning Year	2009
Maturity Date Ending Year	2009
Principal Amount Unmatured Beginning of Fiscal Year	
Adjustment Made During Year	
Adjustment Explanation	
Interest Added to Principal	
Principal Amount Issued During Fiscal Year	1,550,000
Principal Amount Matured During Fiscal Year	
Principal Amount Defeased During Fiscal Year	
Principal Amount Unmatured End of Fiscal Year	$1,550,000
Principal Amount In Default	
Interest In Default	

Bond Types Allowed:

Tax Allocation Bonds; Revenue Bonds; Certificates of Participation; Tax Allocation Notes; Financing Authority Bonds; City/County Debt; US;State; Loans; Lease Obligations; Notes; Deferred Pass-Throughs; Deferred Compensation; Other

Culver City Redevelopment Agency

Redevelopment Agencies Financial Transactions Report

Statement of Income and Expenditures - Revenues

Fiscal Year 2007

Project Area Name Culver City Project Area

	Capital Project Funds	Debt Service Funds	Low/Moderate Income Housing Funds	Special Revenue/Other Funds	Total
Tax Increment Gross *(Include All Apportionments)*	22,768,861		5,692,215		$28,461,076
Special Supplemental Subvention					$0
Property Assessments					$0
Sales and Use Tax					$0
Transient Occupancy Tax					$0
Interest Income	2,006,358	830,941	727,681		$3,564,980
Rental Income	3,151,775		70,500		$3,222,275
Lease Income					$0
Sale of Real Estate	3,337,403				$3,337,403
Gain on Land Held for Resale					$0
Federal Grants					$0
Grants from Other Agencies					$0
Bond Administrative Fees					$0
Other Revenues	1,019,184				$1,019,184
Total Revenues	$32,283,581	$830,941	$6,490,396	$0	$39,604,918

Culver City Redevelopment Agency

Redevelopment Agencies Financial Transactions Report

Statement of Income and Expenditures - Expenditures

Fiscal Year 2007

Project Area Name Culver City Project Area

	Capital Project Funds	Debt Service Funds	Low/Moderate Income Housing	Special Revenue/Other	Total
Administration Costs	6,682,281		1,436,395		$8,118,676
Professional Services					$0
Planning, Survey, and Design					$0
Real Estate Purchases					$0
Acquisition Expense	21,476		5,013		$26,489
Operation of Acquired Property					$0
Relocation Costs	1,596,740				$1,596,740
Relocation Payments					$0
Site Clearance Costs					$0
Project Improvement / Construction Costs	1,693,423		988,689		$2,682,112
Disposal Costs					$0
Loss on Disposition of Land Held for Resale					$0

Culver City Redevelopment Agency

Redevelopment Agencies Financial Transactions Report

Statement of Income and Expenditures - Expenditures

Fiscal Year 2007

Project Area Name Culver City Project Area

	Capital Project Funds	Debt Service Funds	Low/Moderate Income Housing	Special Revenue/Other	Total
Decline in Value of Land Held for Resale	4,500,000				$4,500,000
Rehabilitation Costs	106,150				$106,150
Rehabilitation Grants	31,411		1,631,949		$1,663,360
Interest Expense	267,587	8,242,316			$8,509,903
Fixed Asset Acquisitions	1,153,903				$1,153,903
Subsidies to Low and Moderate Income Housing			83,005		$83,005
Debt Issuance Costs					$0
Other Expenditures Including Pass-Through Payment(s)	2,079,213				$2,079,213
Debt Principal Payments:					
Tax Allocation Bonds and Notes		5,680,000			$5,680,000
Revenue Bonds, Certificates of Participation, Financing Authority Bonds					$0
City/County Advances and Loans	505,818				$505,818
All Other Long-Term Debt	57,795				$57,795
Total Expenditures	$18,695,797	$13,922,316	$4,145,051	$0	$36,763,164
Excess (Deficiency) Revenues over (under) Expenditures	$13,587,784	($13,091,375)	$2,345,345	$0	$2,841,754

Culver City Redevelopment Agency

Redevelopment Agencies Financial Transactions Report

Statement of Income and Expenditures - Other Financing Sources

Fiscal Year 2007

Project Area Name Culver City Project Area

	Capital Project Funds	Debt Service Funds	Low/Moderate Income Housing	Special Revenue/Other	Total
Proceeds of Long-Term Debt	1,550,000				$1,550,000
Proceeds of Refunding Bonds					$0
Payment to Refunded Bond Escrow Agent					$0
Advances from City/County					$0
Sale of Fixed Assets					$0
Miscellaneous Financing Sources (Uses)					$0
Operating Transfers In	783,904	12,020,350			$12,804,254
Tax Increment Transfers In					$0
Operating Transfers Out	12,020,350		783,904		$12,804,254
Tax Increment Transfers Out					$0
(To the Low and Moderate Income Housing Fund)					
Total Other Financing Sources (Uses)	($9,686,446)	$12,020,350	($783,904)	$0	$1,550,000

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