

MEETING DATE:

12/15/08

AGENDA ITEM:

JOINT ITEM of the City Council and the Culver City
Redevelopment Agency: Consideration of the Culver City
Redevelopment Agency's Annual State Controller's Report
for Fiscal Year 2007-08.

ATTACHMENTS

	<u>Pages</u>
1. Housing and Community Development Department Annual Report Forms (HCD Schedules) for Fiscal Year 2007-08	1-59
2. Financial Transactions Report for Fiscal Year 2007-08	60-90
3. Financial Audit for Fiscal Year 2007-08 (Includes Audit Compliance Letter from Meyer Hoffman McCann, PC	91-129
4. Blight Progress Report	130
5. Loan Report	131
6. Property Report	132-139

ATTACHMENT 1

CALIFORNIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
REDEVELOPMENT AGENCY ANNUAL HOUSING ACTIVITY REPORT
FY ENDING: June / 30 / 2008

Agency Name and Address:

Culver City Redevelopment Agency

9770 Culver Boulevard

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.

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 / 2008

Agency Name: Culver City Redev. Agcy. Project Area 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

- | GENERAL INFORMATION | Adopted
Component | Expiration |
|--|----------------------|-------------------|
| 1. Project Area Information | 1.1971 | 07/26/2014 |
| a. 1. Year 1 st plan for project area was adopted: _____ | " | 2.1971 12/28/2014 |
| 2. Year that plan was last amended (if applicable): _____ | " | 3.1975 11/25/2018 |
| 3. Was plan amended after 2001 to extend time limits per Senate Bill 211 (Chapter 741, Statutes of 2001)? Yes ___ No <u>X</u> | " | 4.1998 11/23/2029 |
| 4. Current expiration of plan: _____ | | |
| | mo day yr | |
| b. If project area name has changed, give previous name(s) or number: <u>Slauson, Sepulveda/Overland</u>
<u>Jefferson/Culver & Washington Bl.</u> | | |
| c. Year(s) of any mergers of the project area: <u>1998</u> , _____, _____ | | |
| Identify former project areas that merged: <u>All</u> | | |
| d. Year(s) project area plan was amended involving real property that either: | | |
| (1) Added property to plan: <u>1998</u> , _____, _____ | | |
| (2) Removed property from plan: <u>None</u> , _____, _____ | | |

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: _____ / _____ / _____ Resolution Scope (applicable Section 33413 requirements): _____
mo day yr

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.

Agency Name: Culver City Redevelopment Agency 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: \$ 31,387,713

(2) Calculate only 1 set-aside amount: either (A) or (B) below:

(A) 20% required by 33334.2 (Line 3a(1) x 20%): \$ 6,277,543

(B) 30% required by 33333.10(g) (Line 3a(1) x 30%): \$ 0
(Senate Bill 211, Chapter 741, Statutes of 2001)

(3) Amount of set-aside (Line 3a(2)) allocated to Housing Fund \$ 6,277,543 *

* 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): (\$ _____)

(6) Total deposit to the Housing Fund [result of Line 3a(3) through 3a(5)]: \$ 6,277,543

b. Interest Income: \$ 588,495

c. Rental/Lease Income (*combine amounts separately reported to the SCO*): \$ _____

d. Sale of Real Estate: \$ _____

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

f. Bond Administrative Fees: \$ _____

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

h. Loan Repayments: \$ _____

i. Debt Proceeds: \$ _____

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

<u>Charges</u>	<u>\$ 70,500</u>	
_____	<u>\$ _____</u>	
_____	<u>\$ _____</u>	
		<u>\$ 70,500</u>

k. Total Project Area Receipts Deposited to Housing Fund (add lines 3a(6) through 3j.): \$ 6,936,538

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:

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: Pursuant to Section 33334.2(a)(3)(C), this exemption expired on June 30, 1993 but 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: / / Resolution # Date sent to HCD: / /
mo day yr mo day yr

Adoption date of reporting year finding: / / Resolution # Date sent to HCD: / /

mo day yr 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: ____/____/____ Resolution # ____ Date sent to HCD: ____/____/____
mo day yr mo day yr

Adoption date of reporting year finding: / / Resolution # Date sent to HCD: / /

- 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 <u>Deferred</u> <u>This Reporting FY</u>	Amount of Prior Deferrals <u>Repaid</u> <u>During Reporting FY</u>	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):

Agency Name: Culver City Redev. Agy.Project Area Name: Culver City Redev. Project**Deferral(s) (continued)**

5.

- d. Section 33334.6(g) requires any agency which defers set-asides 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 ☒ 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 Motion 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).

Project Activity	Number of Households/Units/Bedrooms				
	VL	L	M	AM	Total
Households Permanently Displaced - Elderly				0	
Households Permanently Displaced - Non Elderly				3	3
Households Permanently Displaced - Total				3	3
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				3	3
Above Moderate Bedrooms Lost That Agency is Not Required to Replace				9	9

- 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:

Other Activity	Number of Households				
	VL	L	M	AM	Total
Households Permanently Displaced - Elderly					0
Households Permanently Displaced - Non Elderly					0
Households Permanently Displaced - Total					0

- 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 / /
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.

Project Area Name: Culver City Redev. Project

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).

Project Activity	Number of Households				
	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.

Name of Agency Custodian

Name of Agency Custodian

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

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.

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? ____/____/____ Resolution # ____ Date sent to HCD: ____/____/____
mo day yr mo day yr

[illegible]

Agency Name: Culver City Redev. AgencyProject Area Name: Culver City Redev. Project**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

\$	← 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-C

Agency-wide Activity

for Fiscal Year Ended 06/30/2008

Culver City

Agency Name: Redevelopment AgencyCounty: Los Angeles

Tevis Barnes

Preparer's Name, Title: Housing AdministratorPreparer's E-Mail Address: tevis.barnes@culvercity.orgPreparer's Telephone No: (310) 253-5780Preparer'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) \$ 15,259,081
- 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)] \$ 15,259,081
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) \$ 6936,538
- 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
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- c. **Total Housing Fund Resources** \$ _____
3. **Total Resources** (Line 1b. + Line 2a + Line 2c.) \$ 22,195,619

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.

4. Expenditures, Loans, and Other Uses**a. Acquisition of Property & Building Sites [33334.2(e)(1)] & Housing [33334.2(e)(6)]:**

(1) Land Purchases (<i>Investment – Land Held for Resale</i>) *	\$	
(2) Housing Assets (<i>Fixed Asset</i>) *	\$	
(3) Acquisition Expense	\$	<u>114,756</u>
(4) Operation of Acquired Property	\$	
(5) Relocation Costs	\$	
(6) Relocation Payments	\$	
(7) Site Clearance Costs	\$	
(8) Disposal Costs	\$	
(9) Other [Explain and identify amount(s)]:		

	\$	
	\$	
	\$	\$

* Reported to SCO as part of Assets and Other Debts

(10) Subtotal Property/Building Sites/Housing Acquisition (Sum of Lines 1 – 9) \$ 114,756**b. Subsidies from Low and Moderate Income Housing Fund (LMIHF):**

(1) 1 st Time Homebuyer Down Payment Assistance	\$	<u>0</u>
(2) Rental Subsidies	\$	<u>56,683</u>
(3) Purchase of Affordability Covenants [33413(b)2(B)]	\$	
(4) Other [Explain and identify amount(s)]:		

	\$	
	\$	
	\$	\$

(5) Subtotal Subsidies from LMIHF (Sum of Lines 1 – 4) \$ 56,683**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	\$	
(b) Revenue Bonds & Certificates of Participation	\$	
(c) City/County Advances & Loans	\$	
(d) U. S. State & Other Long-Term Debt	\$	
(2) Interest Expense	\$	
(3) Debt Issuance Costs	\$	
(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	\$	<u>21,600.86</u>
(2) Professional Services (<i>non project specific</i>)	\$	
(3) Planning/Survey/Design (<i>non project specific</i>)	\$	
(4) Indirect Nonprofit Costs [33334.3(e)(1)(B)]	\$	
(5) Other [Explain and identify amount(s)]:		

	\$	
	\$	
	\$	\$

(6) Subtotal Planning and Administration (Sum of Lines 1 – 5) \$ 21,600.86

Agency Name: Culver City Redevelopment Agency

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

- e. On/Off-Site Improvements [33334.2(e)(2)] *Complete item 13* \$ 652,490
- f. Housing Construction [33334.2(e)(5)] \$
- g. Housing Rehabilitation [33334.2(e)(7)] \$ 548,934
- 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)]:
- \$ 132,258
- \$
- \$

Subtotal Other Expenditures, Loans, and Uses \$

l. **Total Expenditures, Loans, and Other Uses** (Sum of lines 4a.-k.) \$ 366,520

5. **Net Resources Available** [End of Reporting Fiscal Year]

[Page 1, Line 3, Total Resources minus Total Expenditures, Loans, and Other Uses on Line 4.l.]

\$ 185,304

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. \$ 79,108
- b. **Unencumbered Balance** (Line 5 minus Line 6a). Also enter on Page 4, Line 11a. \$ 185,304

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 \$

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)]. \$ 306,886.92
- b. Value of Land Purchased with Housing Funds and Held for
Development of Affordable Housing. *Complete Sch-C item 14.* \$ 4,250,649
- c. Loans Receivable for Housing Activities \$ 1,260,310
- 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)]:
- PREPAID \$ 21,665
- \$

g. **Total Other Housing Fund Assets** (Sum of lines 8a.-f.)

\$ 38,976,009

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

\$ 57,500,421

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)]:

\$

\$ 306,886.92

ENTER LOW-MOD FUND TOTAL EQUITIES (BALANCE SHEET) REPORTED TO SCO \$ 268,117.29

Agency Name: _____

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

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	1G	March-Aug '06	2009	
Globe	.7	R2	July '05	2008	
Pleasant View	.5	C	Dec '06-June '08	2009	

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:

J/A

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

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

Agency Name: _____

22. Footnote area to provide additional information.

Agency Name: _____

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):

<u>New/Additional Units (Previously Unoccupied/Uninhabitable):</u> - 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)	<u>Existing Units (Previously Occupied)</u> - 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.

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/agency or nonagency dev/rental or owner), complete a D1 and applicable D2-D7.

Examples:

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

Name of Redevelopment Agency: Culver City Redevelopment Agency
 Identify Project Area or specify "Outside": Culver City Redevelopment 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: # 125 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
# <u>3</u> DISABLED (Physical)	# <u>34</u> FEMALE HEAD OF HOUSEHOLD	# <u>104</u> 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/agency or nonagency dev/rental or owner), complete a D1 and applicable D2-D7.

Examples:

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

Name of Redevelopment Agency: Culver City Redevelopment Agency
 Identify Project Area or specify "Outside": Culver City Redevelopment Project
 General Title of Housing Project/Program: Culver Terrace Mobile Home
 Project/Program Address (optional):
 Street: 11250 Playa Street City: Culver City ZIP: 90230

Owner Name (optional): _____
 Total Project/Program Units: # 118 Restricted Units: # 81 Unrestricted Units: # 37

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
# _____ DISABLED (Physical)	# _____ FEMALE HEAD OF HOUSEHOLD	# _____ ELDERLY
# _____ FARMWORKER (Migrant)	# _____ LARGE FAMILY (4 or more Bedrooms)	# _____ EMERGENCY SHELTERS (allowable use <u>only</u> 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: \$ 112,458
 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/agency or nonagency dev/rental or owner), complete a D1 and applicable D2-D7.

Examples:

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

Name of Redevelopment Agency: Culver City Redevelopment Agency
 Identify Project Area or specify "Outside": Culver City Redevelopment Project
 General Title of Housing Project/Program: Home Secure
 Project/Program Address (optional): _____

Street: _____ City: _____ ZIP: _____
Citywide

Owner Name (optional): _____

Total Project/Program Units: # 38 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
# <u>38</u> DISABLED (Physical)	# <u>27</u> FEMALE HEAD OF HOUSEHOLD	# <u>37</u> ELDERLY
# _____ FARMWORKER (Migrant)	# _____ LARGE FAMILY (4 or more Bedrooms)	# _____ EMERGENCY SHELTERS (allowable use <u>only</u> 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: \$ 27,464
 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:
☐ <u>Inside</u> Project Area (Sch HCD-D3)
☐ <u>Outside</u> Project Area (Sch HCD-D4) | Other Housing Units Provided:
☒ <u>With</u> LMIHF (Sch HCD-D5)
☐ <u>Without</u> LMIHF (Sch HCD-D6)
☐ <u>No Agency Assistance</u> (Sch HCD-D7) |
|--|---|--|

**SCHEDULE HCD-D1
GENERAL PROJECT/PROGRAM INFORMATION**

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

Examples:

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

Name of Redevelopment Agency: Culver City Redevelopment Agency
 Identify Project Area or specify "Outside": Culver City Redevelopment Project
 General Title of Housing Project/Program: Housing Rights Center
 Project/Program Address (optional):
 Street: _____ City: _____ ZIP: _____
Citywide

Owner Name (optional): _____
 Total Project/Program Units: # 482 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
# <u>60</u> DISABLED (Physical)	# <u>53</u> FEMALE HEAD OF HOUSEHOLD	# <u>34</u> 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: \$ 19,557
 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/agency or nonagency dev/rental or owner), complete a D1 and applicable D2-D7.

Examples:

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

Name of Redevelopment Agency: Culver City Redevelopment Agency
 Identify Project Area or specify "Outside": Culver City Redevelopment Project
 General Title of Housing Project/Program: NPP (single family)
 Project/Program Address (optional): _____
 Street: _____ City: _____ ZIP: _____
see attached

Owner Name (optional): _____

Total Project/Program Units: # 13 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
# <u>1</u> DISABLED (Physical)	# <u>7</u> FEMALE HEAD OF HOUSEHOLD	# <u>9</u> ELDERLY
# _____ FARMWORKER (Migrant)	# _____ LARGE FAMILY (4 or more Bedrooms)	# _____ EMERGENCY SHELTERS (allowable use <u>only</u> 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: \$ 45,046
 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 2007/2008**

Project Type	Address	Owner	Total Number of Units	Financing/Subsidy Source	Elderly 62+ Years
O	11250 Playa St #14	Amelia Aguilar	1	RDA	Yes
O	11250 Playa St. #115	Frances Spencer	1	RDA	Yes
O	5625 Sumner Way	Htay Maung	1	RDA	No
O	10961 Westwood Bl	Eric Teiman	1	RDA	Yes
O	11306 Hannum Ave	Ruth Nash	1	RDA	Yes
O	3907 Spad Pl	Elvira Seeman	1	RDA	Yes
O	4121 Berryman Ave	William Stebbins	1	RDA	Yes
O	5206 Summertime Lane	Lana Adle	1	RDA	No
O	10816 Galvin St	Edmund Gress	1	RDA	Yes
O	4358 Huntley Ave	Harold Rosen	1	RDA	No
O	10870 Whitburn St	Kenneth McIntyre	1	RDA	Yes
O	3823 Midway Ave	Maria Zajf	1	RDA	Yes
O	5206 Summertime Lane	Lana Adle	1	RDA	No

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**SCHEDULE HCD-D1
GENERAL PROJECT/PROGRAM INFORMATION**

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

Examples:

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

Name of Redevelopment Agency: Culver City Redevelopment Agency
 Identify Project Area or specify "Outside": Culver City Redevelopment Project
 General Title of Housing Project/Program: NPP (Jackson)
 Project/Program Address (optional): _____

Street: 4031 Jackson Ave. City: Culver City ZIP: 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
# <u>3</u> DISABLED (Physical)	# <u>5</u> FEMALE HEAD OF HOUSEHOLD	# _____ ELDERLY
# _____ FARMWORKER (Migrant)	# _____ LARGE FAMILY (4 or more Bedrooms)	# _____ EMERGENCY SHELTERS (allowable use <u>only</u> 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: \$ 160,534
 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/agency or nonagency dev/rental or owner), complete a D1 and applicable D2-D7.

Examples:

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

Name of Redevelopment Agency: Culver City Redevelopment Agency
 Identify Project Area or specify "Outside": Culver City Redevelopment Project
 General Title of Housing Project/Program: NPP (Multi)
 Project/Program Address (optional): _____
 Street: see attached City: _____ ZIP: _____

Owner Name (optional): _____
 Total Project/Program Units: # 41 Restricted Units: # 34 Unrestricted Units: # 7

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
# <u>7</u> DISABLED (Physical)	# <u>17</u> FEMALE HEAD OF HOUSHOLD	# <u>5</u> ELDERLY
# _____ FARMWORKER (Migrant)	# _____ LARGE FAMILY (4 or more Bedrooms)	# _____ EMERGENCY SHELTERS (allowable use <u>only</u> 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: \$ 164,524
 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 2007/2008**

Project Type	Address	Owner	Total Number of Units	Financing/Subsidy Souce	Elderly 62+ Years
O	11408 Washington Pl	Domnico & Francesca Masdea	4	RDA	0
O	5504 Kinston Ave	Frederic & Janet Torres	4	RDA	2
O	11178 Culver Bl #20	Eugene & Nancy Tkachenko	1	RDA	1
O	11178 Culver Bl #4	Eugene & Nancy Tkachenko	1	RDA	0
O	3606-08 Wesley St	Theresa Blackwell	2	RDA	0
O	11178 Culver Bl	Eugene & Nancy Tkachenko	22	RDA	4
O	11178 Culver Bl #17	Eugene & Nancy Tkachenko	1	RDA	0
O	10918 Barman Ave	Exceptional Childrens Foundation	3	RDA	0

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**SCHEDULE HCD-D1
GENERAL PROJECT/PROGRAM INFORMATION**

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

Examples:

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

Name of Redevelopment Agency: Culver City Redevelopment Agency
 Identify Project Area or specify "Outside": Culver City Redevelopment 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
# <u>9</u> DISABLED (Physical)	# <u>4</u> FEMALE HEAD OF HOUSEHOLD	# <u>19</u> ELDERLY
# _____ FARMWORKER (Migrant)	# _____ LARGE FAMILY (4 or more Bedrooms)	# _____ EMERGENCY SHELTERS (allowable use <u>only</u> 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: \$ 228,705
 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 Agency

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

I/A

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

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 Redevelopment 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.

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):

N/A

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):

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 Redevelopment Project

Affordable Housing Project Name: Alternative Living for the Aging

CITYWIDE

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.

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 CityHousing Project Name: Alternative Living for the Aging

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.
85	12	-	97	7	13	7	-	20	1	98	19	-	117	8

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

117

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 Redevelopment Project

Affordable Housing Project Name: Culver Terrace Mobile Home

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.
										37	25	19	81	-

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 CityHousing Project Name: Culver Terrace Mobile Home

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"):

81

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 Redevelopment 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 CityHousing Project Name: Home Secure

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.
13	12	12	37				1	1		13	12	13	38	

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 Redevelopment 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 CityHousing Project Name: Housing Rights Center

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	9	10	34	-	198	123	97	418	30	213	132	107	452	30

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

452

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 Redevelopment Project

Affordable Housing Project Name: NPP (single family)

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		1	3	-	4		9	4	-	13	

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.

42

Agency Name: Culver CityHousing Project Name: NPP (single family)

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"):

13

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 Redevelopment Project

Affordable Housing Project Name: NPP (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	-	8		7	1	-	8	

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.

411

Agency Name: Culver CityHousing Project Name: NPP (Jackson)

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"):

8

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 Redevelopment Project

Affordable Housing Project Name: NPP (multi)

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.
1	2	1	4	1	15	5	10	30	6	16	7	11	34	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 CityHousing Project Name: NPP (multi)

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"):

34

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 Redevelopment Project

Affordable Housing Project Name: Rental Assistance Program CITYWIDE

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.

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.

48

Agency Name: Culver CityHousing Project Name: Rental Assistance
Program

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.
26	2	-	28		3	1	-	4		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 Redevelopment 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 CityHousing Project Name: Alternative Living for the Aging

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
			7	7				1	1				8	8

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

8

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 Redevelopment Project

Affordable Housing Project Name: Culver Terrace Mobile Home

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
													37	37

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 CityHousing Project Name: Culver Terrace Mobile Home**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"):**37****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 Redevelopment Project

Affordable Housing Project Name: Housing Rights Center CITYWIDE

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 CityHousing Project Name: Housing Rights Ctr.**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
-	-	-	-	-	-	-	-	30	30	-	-	-	30	30

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

30

*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 Redevelopment Project

Affordable Housing Project Name: NPP (multi)

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
-	-	-	1	1	-	-	-	6	6	-	-	-	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 CityHousing Project Name: NPP (multi)

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-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": Culver City Redevelopment Project

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
<u>New Construction Units:</u>						0
<u>Substantial Rehabilitation Units:</u>						0
<u>Total Units:</u>						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
<u>New Construction Units:</u>						0
<u>Substantial Rehabilitation Units:</u>						0
<u>Total Units:</u>						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:
☐ <u>Inside</u> Project Area (Sch HCD-D3)
☐ <u>Outside</u> Project Area (Sch HCD-D4) | ☐ Other Housing Units Provided:
☐ <u>With</u> LMIHF (Sch HCD-D5)
☐ <u>Without</u> LMIHF (Sch HCD-D6) |
|--|---|---|

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": Culver City Redevelopment

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 line 5 and 10) (Line 12 is a subset of Line 11)	0

NOTES:

- 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.
- 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:

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

**REDEVELOPMENT AGENCIES
FINANCIAL TRANSACTIONS REPORT****COVER PAGE****Culver City Redevelopment Agency**

Fiscal Year: **2008** ID Number: **13981922800**

Submitted by:

Signature

Title

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.

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.

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

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

Supplement to the Annual Report of Community Redevelopment Agencies

Redevelopment Agency ID Number:	13981922800
Name of Redevelopment Agency:	Culver City Redevelopment Agency

Mark the appropriate box below to indicate the ending date of your agency's fiscal year. Report data for that period only.

☐ September 2007

☐ December 2007

☒ June 2008

Return this form to the **California State Controller's Office**. If you have any questions regarding this form please contact:

U.S. Bureau of the Census, Shannon Doyle, 1-800-242-4523

A. Personnel Expenditures

Report your government's total expenditures for salaries and wages during the year, including amounts paid on force account construction projects.

Z00	\$	0
-----	----	---

B. Mortgage Revenue Bond Interest Payments

Report your government's total amount of interest paid on mortgage revenue bonds during the year.

U20	\$	0
-----	----	---

Culver City Redevelopment Agency

Redevelopment Agencies Financial Transactions Report

General Information

Fiscal Year 2008

Members of the Governing Body			
	Last Name	First Name	Middle Initial
Chairperson	Weissman	Andrew	
Member	Armenta	Christopher	
Member	Malsin	D. Scott	
Member	O'Leary	Micheál	
Member	Silbiger	Gary	
Member			
Member			
Member			
Member			

Mailing Address

Street 1 9770 Culver Boulevard

Street 2

City Culver City State CA Zip 90232-0507

Phone (310) 253-5865 ☐ Is Address Changed?

Agency Officials				
	Last Name	First Name	Middle Initial	Phone
Executive Director	Fulwood	Jerry		(310) 253-6000
Fiscal Officer	Muir	Jeff		(310) 253-6016
Secretary	Prasad	Alice		(310) 253-5704

Report Prepared By		Independent Auditor
Firm Name		Mayer Hoffman McCann P.C.
Last	Parker	Parker
First	Stephen	Stephen
Middle Initial	M	M
Street	2301 Dupont Drive Suite 20	2301 Dupont Drive, Suite 200
City	Irvine	Irvine
State	CA	CA
Zip Code	92612-	92612-
Phone	(949) 474-2020	(949) 474-2020

Culver City Redevelopment Agency Redevelopment Agencies Financial Transactions Report

Achievement Information (Unaudited)

Fiscal Year 2008

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 Fiscal Year 2007-08, Agency accomplishments included the following:

1. Washington/National Development Site:
Project planning and programming was revised to address the Redevelopment Agency's directives. The modified project was presented to the Agency in March 2008. Also continued coordination work with the Expo rail authority for the construction of the light rail line to this site.
2. Washington/Centinel Development Site:
This project is comprised of 1.5 acres at the northwest and northeast corners of Washington Boulevard and Centinela Avenue. The Agency issued a new Request for Proposal, evaluated responses and selected a developer to negotiate a Disposition and Development Agreement for the sale and development of the site.
3. Baldwin Development Site:
The Agency entered into a Disposition and Development Agreement with Axis Mundi RE II, LLC for the sale and development of the site into a 37,000 square foot commercial building, and a public parking lot.
4. Sepulveda Boulevard Development Site:
Terminated the Exclusive Negotiation Agreement with Champion Development and began further work with the City's Planning Division staff and the public to update the planning for this site as part of the General Plan update.
5. Pleasant View Development Site:

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	3,050
Industrial Buildings	0	0
Public Buildings	0	0
Other Buildings	0	0
Total Square Footage	0	3,050

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

9

Types Completed

E

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

**Culver City Redevelopment Agency
Redevelopment Agencies Financial Transactions Report**

Achievement Information (Unaudited)

The former Pleasantview home was demolished. The adjoining property was acquired to enlarge the development site. Request for Proposal were issued and responses were evaluated with the Agency electing to reject all and wait for better market conditions.

6.Parcel B Development Site and Town Plaza Expansion

The realignment of Washington Boulevard was completed. Escrow opened for the sale of Parcel B. Design of the expanded Town Plaza was completed.

7. Corporate Pointe

The Agency and IDS Realty executed the 12th Amendment to the Corporate Pointe DDA and related documents, to pave the way for development of a 280,000 square foot office tower, which will complete the build-out of the Corporate Pointe office park.

8. Hayden Tract

Preliminary planning and design was conducted for the future development of the former MTA Spur easement with parking for Hayden Tract businesses using green building principles.

9. Public Works Improvements

Agency funds were used to supplement the funding for the asphalt resurfacing of Washington Boulevard, between Sepulveda Boulevard and Elenda Street. Also Agency funding was used for asphalt resurfacing on a portion of Culver Boulevard between Keystone Avenue and Vinton Avenue.

10. Washington Boulevard

Developed Area Improvement Plans and a new commercial rehabilitation program to revitalize public and private property along this major corridor within the Redevelopment Project.

11. Economic Development

Opened the Business Resource Center to facilitate businesses in the Project Area. Existing businesses may receive assistance to allow them to remain or expand in Culver City while new businesses may receive assistance in opening in Culver City.

Culver City Redevelopment Agency
Redevelopment Agencies Financial Transactions Report

Audit Information

Fiscal Year 2008

Was the Report Prepared from Audited Financial Data,
and Did You Submit a Copy of the Audit?

Yes

Indicate Financial Audit Opinion

Unqualified

If Financial Audit is not yet Completed, What is the
Expected Completion Date?

12/8/2008

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?

12/8/2008

If compliance opinion includes exceptions,
state the areas of non-compliance, and
describe the agency's efforts to correct.

Culver City Redevelopment Agency
Redevelopment Agencies Financial Transactions Report

Project Area Report

Fiscal Year 2008

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 Fiscal Year 2007-08, Agency accomplishments included the following:

1. Washington/National Development Site:

Project planning and programming was revised to address the Redevelopment Agency's directives. The modified project was presented to the Agency in March 2008. Also continued coordination work with the Expo rail authority for the construction of the light rail line to this site.

2. Washington/Centinel Development Site:

This project is comprised of 1.5 acres at the northwest and northeast corners of Washington Boulevard and Centinela Avenue. The Agency issued a new Request for Proposal, evaluated responses and selected a developer to negotiate a Disposition and Development Agreement for the sale and development of the site.

Forwarded from Prior Year ?

Yes

Enter Code for Type of Project Area Report

P

P = Standard Project Area Report

A = Administrative Fund

L = Low and Moderate Income Housing Fund

M = Mortgage Revenue Bond Program

O = Other Miscellaneous Funds or Programs

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

12.0

Health and Safety Code Section 33320.1 (xx.x%)

Percentage of Land Developed at the Inception of the Project Area

88.0

Health and Safety Code Section 33320.1 (xx.x%)

Objectives of the Project Area as Set Forth in the Project Area Plan

RICPO

(Enter the Appropriate Code(s) in Sequence as Shown)

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

Culver City Redevelopment Agency
Redevelopment Agencies Financial Transactions Report

Assessed Valuation Data

Fiscal Year **2008**

Project Area Name

Culver City Project Area

Frozen Base Assessed Valuation

544,398,481

Increment Assessed Valuation

2,958,426,790

Total Assessed Valuation

3,502,825,271

Culver City Redevelopment Agency
Redevelopment Agencies Financial Transactions Report

Pass-Through / School District Assistance

Fiscal Year 2008

Project Area Name Culver City Project Area

Amounts Paid To Taxing Agencies Pursuant To:	Tax Increment Pass Through Detail			Total	Other Payments	
	H & S Code Section 33401	H & S Code Section 33676	H & S Code Section 33607		H & S Code Section 33445	H & S Code Section 33445.5
County			867,855	\$867,855		
Cities	192,252			\$192,252		
School Districts	310,940			\$310,940		
Community College District	47,350			\$47,350		
Special Districts	587			\$587		
Total Paid to Taxing Agencies	\$551,129	\$0	\$867,855	\$1,418,984	\$0	\$0
Net Amount to Agency				\$29,968,729		
Gross Tax Increment Generated				31,387,713		

Culver City Redevelopment Agency

Redevelopment Agencies Financial Transactions Report

Detailed Summary of Footnotes For Fiscal Year 2007-08

Forms	Column	Additional Details	Footnotes
Pass Through / School District Assistance			
Total Paid to Taxing Agencies	C	PROJECT_AREA_NAME = 'Culver City Project Area'	The City amended its redevelopment plan in 1998 to make a merged component area 4. The other three component areas were formed in the 1970's, prior to AB 1290, therefore they were not subject to pass through payments. When the RDA amended their plan in 1998, the new component area 4 was immediately subject to the 20% pass through requirement, but the other three did not need to start making pass through payments for five years, i.e. FY 2004-05 and FY 2004-05 became the base year for paying pass through, therefore, the only increment subject to the 20% pass through for component areas 1-3 is the increment ABOVE the base year of 2004-05. Therefore, the total pass through will be much less than 20% of the gross for component areas 1-3 because only that tax increment above the 2004-05 base year is subject, not the entire amount.