## **INCLUSIONARY HOUSING PLAN (IHP)**

City of Glendale Community Development and Housing

141 N. Glendale Ave., Suite 202, Glendale, CA 91206 (818) 548-2060

Project Type:	Ownership	Rental			
Project Address:					
			- · · · · · · · · · · · · · · · · · · ·		
			Phone:		
Address:		City:	Zip Code:		
Person to Contact	Regarding Project:				
			Zip Code:		
Property Owners Name:			Phone:		
Address:		City:	Zip Code:		
follo	wing alternatives to ind rement for projects built:	icate how the project will	30. Section 30.35, select one of the comply with the inclusionary housing Road Corridor Redevelopment Project		
	On-site				
*···	Off-site and insi	de the San Fernando Road Co	orridor Redevelopment Project Area		
	Off-site and outs	side the San Fernando Road (	Corridor Redevelopment Project Area		
	Payment of in lie	eu fee			
B. Will J	project include a combin	ation of on or off-site unit	s and in lieu fee payments?		
YES	NO NO				

#### 2. RESIDENTIAL PROJECT DESCRIPTION

A. Describe project in chart:

Number of Bedrooms	Square Footage of Units	Number of Total Units	Number of Market Rate Units	Number of Inclusionary Units On-Site	Number of Very Low Income Units	Number of Low Income Units	Number of Moderate Income Units
Studio							Cilito
1							
2		-					
3							
4							
5					***		

В.	Gross livable floor area of proposed project (including private	
	balconies, decks, and patios) in square feet:	

### 3. OFF-SITE INCLUSIONARY UNITS PROJECT DESCRIPTION

If inclusionary usinformation about	units will be provided of the off-site location:	ff-site in a separate project, provide the fo	ollowing
Project Type:	Ownership	Rental	
Project Address:			
Assessor			
Parcel No(s):			

B. If inclusionary units will be provided off-site in a separate development, describe the off-site project in chart below:

Number of Bedrooms	Square Footage of Units	Number of Total Units	Number of Market Rate Units	Number of Inclusionary Units	Number of Very Low Income Units	Number of Low Income Units	Number of Moderate Income Units
Studio							
1							
2							
3							
4							
5							

# 4. <u>IN LIEU FEE</u> (DO NOT ANSWER IF SATISFYING ENTIRE INCLUSIONARY REQUIREMENT THROUGH ON OR OFF-SITE UNITS)

A. For **ownership and rental projects**, multiply the gross livable floor area of proposed project (including private balconies, deck, and patios) in square feet ("GLFA") by 1) the in lieu fee for very low income units and 2) the in lieu fee for moderate income units. Add together the very low and moderate income in lieu fees to determine the project's total in lieu fee payment.

Very Low Income In Lieu Fee	GLFA:	sq. ft.	X	\$9	=	
Moderate Income In Lieu Fee	GLFA:	sq. ft.	X	\$8		S
Total	Sum of Very Low and Modera	te Income .	In Liei	u Fees		\$

B. For projects electing to provide low or moderate-income inclusionary units on or off-site and pay an in lieu fee for the very low-income units, multiply the GLFA by only the very low-income in lieu fee.

For projects electing to provide very low-income inclusionary units on or off-site and pay an in lieu fee for the low and moderate-income units, multiply the GLFA by only the moderate-income in lieu fee.

#### **OWNERS'S AFFIDAVIT**

I hereby certify that I am the legally authorized owner of all property involved in this application or have been empowered to sign as the owner on behalf of a corporation, partnership, business, etc., as evidenced by separate instrument attached herewith. I herby grant to the applicant of this form full power to sign all documents related to this application, including any conditions or litigation measures as may be deemed necessary.

I declare under penalty of per	jury that the foregoing is true and	correct.
Executed on (Date)	at	. California
Owner's Signature	, Owner's Printec	l Name
	APPLICANT'S AFFIDA	VIT
information required for this initial every correct to the best of my knowledge a agree to the return of this form for appuntil all applicable information is correct authorized by the owner to present this including any conditions or litigation	raluation and that the facts, statemend belief. Further, should the state propriate revisions, understanding rected or provided by the applicant is application and to sign on behalf measures as may be deemed neces	ttached exhibits represent the data and ents and information presented are true and ed information be found false or insufficient, I the City of Glendale cannot process this form. I herby certify that I have been legally of all documents related to this application, sary. Note: When the applicant is a ne authorization to sign for such applicant is
I declare under penalty of per	jury that the foregoing is true and	correct.
Executed on (Date)	at	, California
Applicant's Signature	, Applicant's Prin	ted Name