



## **COMPLIANCE WITH THE STATE DENSITY BONUS PROGRAM**

Applicants seeking a density bonus pursuant to CA Government Code Section 65915 must complete this Affidavit and provide it to the Project Planner no later than 30 days prior to project approval by the Planning Commission. Additional information about the State Density Bonus Program is available in Planning Director Bulletin 6 and in the Individually Requested State Density Bonus Program Informational and Supplemental Application Packet.

Date:	
I,, do hereby de	eclare as follows:
The subject property is located at:	
Address:	Block and Lot:
The subject property is located within the following zoning distric	ct:
Zoning District	Height and Bulk District:
Special Use District(s) if applicable:	
The Planning Application Number is and th	he Building Permit Application Number is
The Current Planner assigned to my project within the Planning D	Department is:
Please indicate the tenure of the project.	
<b>Ownership.</b> Affordable housing units provided on-site will be sownership units for the life of the project.	old as ownership units and remain
<b>Rental.</b> Affordable housing units provided on-site will be rental the project.	l units and remain rental units for the life of
I acknowledge that changing the project tenure throughout the liproject is eligible for. Changes in tenure, especially from a rental profordable units be provided on-site, or may require ownership ur	project to an ownership project, may require additional
(Initial)	
The project includes total dwelling units and/or group please complete the Inclusionary Section below. An Affidavit of Cois required for projects with 10 or more housing units.	
This project is exempt from the Inclusionary Affordable Housing	g Program because:
This project is 100% Affordable	

This project is 100% Student Housing

## **Inclusionary Information**

On-site Inclusionary Rate:	%					
Low Income:	Low Income: % at 55% AMI* (rental) or 80% AMI (ownership)					
Moderate Income: % at 80% AMI (rental) or 105% AMI (ownership)						
Middle Income:	Middle Income: % at 110% AMI (rental) or 130% AMI (ownership)					
Inclusionary Fee Rate:	%					
*Inclusionary Units provided at 55%.	—— AMI may qualify for a bonus at the Very Low	/ Income Level (50% AMI).				
credited against the Inclusionary to comply with the Inclusionary A	Affordable Housing Fee, as calculated b ffordable Housing Program.	on 415.5(g)(1)(D). On-site affordable units will be by staff below. The remainder of the fee is required				
The Project is seeking the following						
This project is seeking a	% density bonus by providing	% of units at Very Low Income (50% AMI)				
This project is seeking a	% density bonus by providing	% of units at Lower Income (80% AMI)				
This project is seeking a	% density bonus by providing	% of units at Moderate Income (120% AMI)				
This project is 100% affordable	and seeking form-based density with th	nree additional stories of height.				
This project is seeking a 35% de Housing Development.	ensity bonus by providing 20% of units t	o Lower Income Students in a qualifying Student				
This project is seeking a 20% d	ensity bonus by providing senior housin	g.				
This project is seeking a 20% dehomeless persons.	ensity bonus by providing 10% of units t	o transitional foster youth, disabled veterans, or				
	is generally subject to the procedures se	density bonus will be put into the Inclusionary et forth in Section 415 and in the Inclusionary				
Project Information						

The unit mix of the project is as follows:

Unit Type	Number of Units in the Project
Group Housing	
Studio	
1 BR	
2 BR	
3 BR	
4 BR	
Other (please specify):	

A code-compliant base dens	ity study has been provided to th	e Planning Department. T	ne base density of the subject property		
	rea that would be counted as Gr		g the density bonus, Residential Gross n Planning Code Section 102 that is		
The project includes	total residential gross square	feet.			
The project is seeking the fo	llowing waivers:				
The project is seeking the fo	llowing incentives/concessions:				
Please attach any suppleme identifiable cost reductions	ntal information to demonstrate for the project.	that the requested incenti	ves/concessions result in actual,		
Department prior to the first	equired for this project. A Draft R discretionary hearing or buildin ior to the issuance of the site or l	g permit approval, as appli	be provided to the Planning cable. The regulatory agreement must		
I have read and understand	Planning Director Bulletin 6: Imp	lementing the State Densit	y Bonus in its entirety.		
Contact Information	and Declaration of Proje	ct Sponsor			
Company Name:		Name of Contact Person:			
Address:	Pł	one:	Email:		
I am a duly authorized agent or owner of the subject property. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I hereby declare that the information herein is accurate to the best of my knowledge and that I intend to satisfy the requirements of CA Govt. Code Section 65915, Planning Code Section 206.6 and 415 as indicated above.					
Signature:					
Name (Printed), Title:			Date:		