

OCCUPANCY SUMMARY - HOME Units

County of Santa Barbara

Housing and Community Development Department

Date Received by Monitoring Agency: _____

REPORTING YEAR / PERIOD: _____ FROM _____ TO _____

PROJECT NAME: _____ TOTAL NO. UNITS _____
 PROJECT ADDRESS: _____ TOTAL NO RESTRICTED UNITS _____
 CITY: _____ No. RESTRICTED UNITS OCCUPIED _____
 ZIP CODE: _____

Count each % from below and enter here:

VVL 30%	35%	40%	45%	VL 50%	Low 60%	65%	80%	Mod 120%	OTHER
NO. UNITS RESTRICTED AT LEVEL:									
TOTAL NO. OF UNITS OCCUPIED AT:									

HOME PROGRAM ONLY (Identify the number of HOME units, if any): Total HOME Units: _____ TOTAL HOME vacant Units: _____ TOTAL HIGH HOME UNITS: _____ TOTAL LOW HOME UNITS: _____

LIHTC YES NO PROJECT BASE SECTION 8 YES NO OTHER: YES NO

Unit No.	No. of Bedrooms	HEAD-OF-HOUSEHOLD NAME	Household Size	Date Tenant Moved In <i>(MM/DD/Year)</i>	Unit Restriction Level <i>(See Above)</i>		Date of Last Income Certification <i>(M/dd/YYYY)</i>	Annual Projected Gross Income <i>(at Most Recent certification)</i>	Total Monthly Rent Paid by Tenant {A}	Monthly Utility Allowance {B}	Assisted Programs {C}			Total Monthly Unit Rent {A+B+C} <small>(NOTE: Do not include Utility for HCV)</small>	Identify all Program Types and Funding Applicable to Each Unit								
		(If a HOME Unit is Vacant - type the word "Vacant")			%	Only HOME Program					Shelter Plus Care	Housing Choice Voucher (HCV)	Project Based Section 8		LIHTC	BOND	Section 8	Other:					
						High																	Low
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[See attached pages to continue listing additional households.]

Prepared By: _____ Signature: _____ Owner Manager Phone: _____ Email: _____ Date: _____
 Page ___ of ___

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Housing and Community Development Department

Date Received by Monitoring Agency: _____

Unit No.	No. of Bedrooms	HEAD-OF-HOUSEHOLD NAME	Household Size	Date Tenant Moved In (MM/DD/Year)	Unit Restriction Level (See Above)		Date of Last Income Certification (M/dd/YYYY)	Annual Projected Gross Income (at Most Recent certification) \$	Total Monthly Rent Paid by Tenant {A} \$	Monthly Utility Allowance {B} \$	Assisted Programs {C}			Total Monthly Unit Rent {A+B+C} (NOTE: Do not include Utility for HCV) \$	Identify all Program Types and Funding Applicable to Each Unit													
		(If a HOME Unit is Vacant - type the word "Vacant")			%	Only HOME Program					Shelter Plus Care \$	Housing Choice Voucher (HCV) \$	Project Based Section 8 \$		BOND	LIHTC	BOND	Section 8	Other:									
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