



**CITY OF GARDEN GROVE
PLANNING SERVICES DIVISION
11222 ACACIA PARKWAY
GARDEN GROVE, CA 92840
TEL: (714) 741-5312 FAX: (714) 741-5578
www.ggcity.org**

Date:

Tenant's Address:

**RE: Housing Crisis Act of 2019 (SB 330)
Request for Information for Replacement Unit Determination**

THIS IS NOT AN EVICTION NOTICE OR TERMINATION OF TENANCY

Dear _____:

The owner of the above-referenced property ("Property") has, or is planning to file an application with the City to construct a new proposed housing development (the "Project") on the Property. However, pursuant to the Housing Crisis Act of 2019 (Government Code §66300) the owner/applicant must replace any existing "Protected Units" and provide certain rights and benefits to existing tenants of Protected Units. "Protected Units" include rental housing units which are occupied by lower or very low income households.

As part of its application, the City requires the applicant to complete a Replacement Unit Determination ("RUD") Form. However, in order to produce an accurate RUD, an accurate count of existing affordable Protected Units is required. This is why it is requested that each tenant of the Property complete and return the attached form.

HOW EXISTING AFFORDABLE "PROTECTED UNITS" ARE DETERMINED:

Whether or not a unit is deemed an affordable Protected Unit is determined by the tenant's income. If a tenant's verifiable income is determined to qualify as Extremely Low, Very Low or Low, as determined by Net Median Income figures published by the California Department of Housing and Community Development ("HCD"), the unit will be designated as an affordable "Protected Unit" subject to replacement.

YOUR PARTICIPATION WILL HELP PRESERVE EXISTING AFFORDABLE HOUSING:

While your cooperation with this request is voluntary, your participation will assist with ensuring that affordable Protected Units are preserved and determining whether you are entitled to certain rights and benefits.

WHAT DOES IT MEAN TO BE AN OCCUPANT OF A "PROTECTED UNIT"?

SB 330 provides the right of first refusal for comparable units (i.e. same bedroom type) in the owner's/applicant's proposed new housing development to occupants of Protected Units. The comparable replacement units must be provided at a rent, or sales price, affordable to the same, or lower income category. Occupants of Protected Units also are entitled to receive relocation in accordance with state or local law, whichever provides greater assistance, and the right to remain in their unit until 6 months before the start of construction.

HOW TO PARTICIPATE:

To submit your verifiable income, complete and return the attached documents:

- 1. Request for Information for Replacement Unit Determination.** Complete and attach income verification documents.
- 2. Tenant's Statement.** Sign and date

After all documents are completed, return them to the project applicant listed below. Documents should be returned within two weeks of the date of this letter.

[Applicant Name]

[Applicant Street Address]

[Applicant City, State, Zip]

If you need assistance completing the forms, please contact [Applicant] at [Applicant Phone], or [Applicant Email]. Should the building permit for construction be issued, you will receive standard notification of your landlord's intent to demolish and/or convert your rental unit into a new housing development.

Sincerely,

[Planner Name]

[Planner Title]

Enclosures

1. Request for Information for Replacement Unit Determination
2. Tenant's Statement



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TENANT INFORMATION PACKET
Government Code §66300(d)
(To Be Completed By Tenant)

Date: _____

UNIT INFORMATION:			
Property Address:			
Unit Number:		Bedrooms:	
Number in Household:			
Name(s) of Occupant(s):			

OPTION I

Adjusted Gross Household Income for Past 2 Years: _____

Current Monthly Household Income: _____

Types of Income Verification required for each household member with any source of income:

1. Copies of two (2) most recent payroll stubs
2. Signed copies of two (2) most recent income tax returns and W-2 forms
3. Bank statements for the six (6) most recent months

OPTION II

I decline to provide financial information for purposes of this determination.

Tenant Signature

Date

Please Return To:

[Applicant Name]

[Applicant Street Address]

[Applicant City, State, Zip]

TO: City of Garden Grove | Planning Services Division
RE: Replacement Unit Determination (SB 330)

RE: _____
(Address, including apartment or unit number)

TENANT'S STATEMENT

I _____, hereby certify that I am/was a legal tenant of the above described property ("Property") involved in this application or have been legally authorized to sign as tenant, on behalf of a corporation, general partnership, limited partnership, limited liability company or other applicable form of business, etc., as evidenced by separate instrument attached herewith. I further hereby certify that the documents furnished to the City of Garden Grove in conjunction with this Tenant's Statement, represent the full and complete information required to establish if there are units subject to replacement per the Housing Crisis Act of 2019 (SB 330) and that the facts, statements and information presented are true and correct to the best of my knowledge and belief. I declare under penalty of perjury under the State of California that the foregoing is true and correct.

***Attach CA Notary Acknowledgment**

Tenant Signature

Date