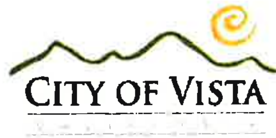


2022

MAXIMUM ALLOWABLE RENTS BY UNIT HOUSEHOLD AND INCOME LEVEL

PER VISTA MUNICIPAL CODE 18.31.030 REQUIREMENTS FOR AN ACCESSORY DWELLING UNIT

BASED ON HUD INCOME LIMITS EFFECTIVE JUNE 15, 2022

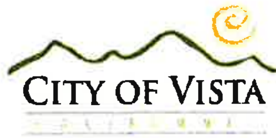
STEP 1 Determine household size	1 PERSON STUDIO	2 PERSON 1-BEDROOM	3 PERSON 2-BEDROOM
STEP 2 Determine Maximum Allowable Household Gross Annual Income per HUD Annual Income Standards	$ 72,900	$ 83,300	$ 93,700
STEP 3 Divide Step 2 by 12 Maximum Allowable Monthly Income	$ 6,075	$ 6,941.67	$7,808.33
STEP 4 Multiply Step 3 by 30% Maximum Allowable Monthly Rent	$1,822.50	$ 2,082.50	$2,342.50

ADU tenant Annual Income: $______________ ADU tenant Monthly Rent: $____________

ADU Household Size:__________ Number of Bedrooms in ADU: ________

I/We certify that the ADU tenant qualifies as low-income and/or is a caregiver as defined in the Covenant Agreement. I further certify that the ADU tenants rent does not exceed the maximum allowable rent.

Certified By: ____ Date: _______________



OCCUPANCY CERTIFICATION FORMS

ACCESSORY DWELLING UNIT (ADU)

This form will need to be completed on an annual basis for ten years from the date of occupancy. Income and rent restrictions are revised annually. For additional information regarding the affordability criteria, please contact the Housing Division at 760.639.6191.

Please check the appropriate boxes:

Tenant Type:
☐ Caregiver
☐ Low Income

Certification Type:
☐ Initial Certification
☐ Annual Recertification

ADU Address:_______________________________ Number of Bedrooms in ADU: ______

Owner Name(s):____

Owner Email Address:______________________ Property Owner Phone # ______________

ADU Tenant Household Composition:

Tenant Name(s):____

Household Size:________(number of people) Annual Income of Household: $___________

Income Verification Method Used (must select two forms of verification):

☐ Two paycheck stubs from most recent pay periods

☐ Income Tax Return from the most recent year

☐ Employer income verification certification

☐ Income verification certification from the Social Security Administration and/or California Dept. of Social Services, if tenant(s) receives this assistance

Caregiver Verification:

Per City Ordinance 2019-11, a "Caregiver Household" is defined as a family member or caregiver providing regular care to an owner or occupant of the primary unit in need of that care, and members of that caregiver's household.

To qualify as a Caregiver Household, the ADU Owner must, in addition to this form, complete the attached Live-In Aide Request form annually.

ADDENDUM TO LEASE

Lease *Date:* ________________________________(Lease Date)

Accessory Dwelling Unit Address ________________________________ *(ADU)*

Owner's Name: ________________________________*(Landlord)*

Tenant's Name: ________________________________*(Tenant)*

*Termination Date for Special Occupancy Limitations:*________________________________*(End Date)**

* *Also see Section 6 below.*

****

Landlord and Tenant (Parties) acknowledge that the City provided Landlord with financial assistance for construction of the ADU. In exchange, Landlord agreed through the End Date to rent the ADU on terms satisfying a City program limiting who may rent the ADU and the rents charged for the ADU ("City Program"). The Lease Addendum amends the Lease for the ADU and implements the City program, as indicated below.

1. **TENANT MUST BE A CAREGIVER OR LOWER-INCOME HOUSEHOLD** To rent the ADU, the Tenant must be a Caregiver. As of executing the Lease and this Addendum, the Tenant satisfies the category initialed below:

Caregiver: The Tenant is a caregiver providing regular care to an owner or occupant ofthe primary unit in need of that care. *Initial if applicable*:

________________ ________________

Initials of Tenant Initials if Landlord

Lower Income Household: The Tenant's household: (i) has gross annual income not exceeding eighty percent (80%) of the San Diego County median, adjusted by household size; and (ii) after the first lease year, has gross annual income not exceeding one hundred percent (100%) of the San Diego County median, adjusted by household size. *Initial if applicable*:

________________ ________________

Initials of Tenant Initials if Landlord

Landlord and Tenant have confirmed that Tenant is a Caregiver or a Lower-Income Household by completing Occupancy Certification Forms. The Forms with be provided to the City along with this Addendum.

2. **ANNUAL RE-CERTIFICATION THAT TENANT IS A CAREGIVER OR LOWER-INCOME HOUSEHOLD.** As of each anniversary (Anniversary Date) of the initial Lease for the ADU, the Landlord and Tenant shall file with the City new Occupancy Certification Forms establishing that: (a) the Tenant continues to be a Caregiver or Lower-Income Household; or (b) that the Tenant is no longer a Caregiver or Lower-Income Household.

3. **MANDATORY LEASE TERMINATION IF TENANT NO LONGER QUALIFIES AS A CAREGIVER OR LOWER-INCOME HOUSEHOLD.** Landlord shall terminate the Lease on a date not later than ninety

(90) days following the Anniversary Date, and Tenant is obligated to vacate the ADU by that date if: (a) that Tenant no longer qualifies as a Caregiver or Lower-Income Household based on Occupancy Certification Forms submitted to the City; or (b) the City is not provided with completed and Occupancy Certification Forms as of the Anniversary Date.

4. **MAXIMUM RENTS.** Monthly rents charged to Tenant for the ADU cannot exceed either: (1) the rental charges allowed by the Lease; or (2) an affordable rent as set annual by the United States Department of Housing and Urban Development, adjusted for household size appropriate for the unit.

5. **LEASE ADDENDUM SUPERSEDES LEASE.** If this Lease Addendum conflicts with any terms of the Lease, the terms of this Lease Addendum shall prevail.

6. **END DATE.** Under the terms of the City Program, the Landlord can make payments, and advance the End Date set forth above. In that event, Landlord will provide Tenant with at least sixty (60) days prior notice to Tenant, and upon occurrence of the End Date, this Addendum will terminate.

By their signatures below, Landlord and Tenant acknowledge that they have read the Lease Addendum, that they understand the Lease Addendum, and that they agree to fully comply with the Lease Addendum.

"LANDLORD"

By: ______________________
SIGNATURE

NAME: ______________________
PRINT

TITLE: ______________________
IF APPLICABLE

"TENANT"

By: ______________________
SIGNATURE

NAME: ______________________
PRINT

Live-In Aide Request for Verification

(California Tax Credit Properties)

Date: ____________

Household Member's Name: ______________________________________

To: ___________________________________ From: ___________________________________

___________________________________ ___________________________________

___________________________________ ___________________________________

The household member named above has applied for or is currently residing in a unit that is part of the Low Income Housing Tax Credit program under IRS Section 42. The household member has indicated that he/she is disabled and requires a live-in aide in order to have equal access to housing the same as if he or she was not disabled. The LIHTC program has specific verification requirements for all households indicating a need for a live-in aide, including, but not limited to: (1) the aide is there for the sole purpose of providing supportive services essential to the member's care and well being; and (2) the aide would not otherwise be occupying the unit except to provide the necessary supportive services.

The household member named above has indicated that you are a third-party professional competent to verify the disability and the need for the requested accommodation. We ask that you provide the following general information to determine if a live-in care attendant is required to provide necessary supportive services in order for the member to use and enjoy the dwelling.

Please Note: The information provided should respond to the general questions and not disclose any confidential information regarding the nature of the disability of the household member.

I hereby authorize the release of the information on this verification form:

____ ______________________________

Household Member's Signature Date

****

Information Requested:

1. Is the household member disabled as defined below? ☐ Yes ☐ No
2. In your professional opinion, and with knowledge of the member's disability, does the member require the services of a live-in care attendant in order to use and enjoy the dwelling? ☐ Yes ☐ No
3. Is the household member's disability permanent and/or without the potential for improvement such that the household member would continue to need the services of a live-in care attendant? ☐ Yes ☐ No
   (CTCAC will require that any "No" response be verified annually)
4. Does the member require more than one aide to occupy the unit? ☐ Yes ☐ No
   Number of Aides needed: _________

Under applicable law, an individual is disabled if he/she has, is regarded as having or perceived as having a physical or mental impairment that limits a major life activity such as caring for one's self, performing manual tasks, participating in social activities, walking, seeing, hearing, speaking, breathing, learning and working, and includes, but is not limited to, conditions such as cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, Human Immunodeficiency Virus Infection, mental retardation, and emotional illness. This definition does not include sexual behavior disorders, compulsive gambling, kleptomania, pyromania, or psychoactive substance use disorders resulting from the current unlawful use of controlled substances or other drugs.

Printed name of Person supplying information: ______________________________________

Title of Person supplying information: ______________________________________

Firm/Organization: ______________________________________

Phone Number: ______________________________ **Fax:** ______________________________

Signature of Person supplying information: ______________________________ **Date:** ___________

By signing above, I certify, under penalty of perjury, that the information presented in this Verification is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud.

Please attach a business card or stamp here: