

**REDEVELOPMENT AGENCIES
FINANCIAL TRANSACTIONS REPORT
COVER PAGE**

Vista Community Development Commission

Fiscal Year: **2004**

ID Number: **13983795800**

Submitted by:

Dale R. Nielsen
Signature

Finance Manager
Title

Dale R. Nielsen
Name (Please Print)

11/30/2004
Date

Per Health and Safety Code section 33080, this report is due within six months after the end of the fiscal year. The report is to include two (2) copies of the agency's component unit audited financial statements, and the report on the Status and Use of the Low and Moderate Income Housing Fund (HCD report). To meet the filing requirements, all portions must be received by the California State Controller's Office.

To file electronically:

1. Complete all forms as necessary.
2. Transmit the completed output file using a File Transfer Protocol (FTP) program or via diskette.
3. Sign this cover page and mail to either address below with 2 audits and the HCD report.

Report will not be considered filed until receipt of this signed cover page.

To file a paper report:

1. Complete all forms as necessary.
2. Sign this cover page, and mail complete report to either address below with 2 audits and the HCD report.

Mailing Address:

State Controller's Office
Division of Accounting and Reporting
Local Government Reporting Section
P. O. Box 942850
Sacramento, CA 94250

Express Mailing Address:

State Controller's Office
Division of Accounting and Reporting
Local Government Reporting Section
3301 C Street, Suite 700
Sacramento, CA 95816

**Visita Community Development Commission
Redevelopment Agencies Financial Transactions Report**

General Information

Fiscal Year **2004**

Members of the Governing Body			
	Last Name	First Name	Middle Initial
Chairperson	Vance	Morris	
Member	Gronke	Steve	
Member	Ritter	Judy	
Member	Campo	Paul	
Member	Campbell	Robert	
Member			
Member			
Member			
Member			
Member			

Mailing Address			
Street 1	P. O. Box 1988		
Street 2			
City	Vista	State	CA
Phone	(760) 726-1340	Zip	92085-1988
<input type="checkbox"/> Is Address Changed?			

Agency Officials			
	Last Name	First Name	Middle Initial
Executive Director	Geldert	Rita	
Fiscal Officer	Underwood	Barbara	
Secretary	Selbert	Jo	

Report Prepared By			
	Last Name	First Name	Middle Initial
Firm Name	Nielsen	Saiz	
Last		Thomas	
First			
Middle Initial			
Street	600 Eucalyptus Avenue		
City	Vista		
State	CA		
Zip Code	92084-		
Phone	(760) 726-1340		

Independent Auditor			
	Last Name	First Name	Middle Initial
Firm Name	Caporici & Larson		
Last	Saiz		
First	Thomas		
Middle Initial			
Street	600 "B" Street, Suite 1900		
City	San Diego		
State	CA		
Zip Code	92101-		
Phone	(619) 234-5137		

Vista Community Development Commission Redevelopment Agencies Financial Transactions Report

Achievement Information (Unaudited)

Fiscal Year 2004

**Indicate Only Those Achievements Completed During the Fiscal Year of this Report as a Direct Result
of the Activities of the Redevelopment Agency.**

Please provide a description of the agency's activities/accomplishments during the past year.

(Please be specific, as this information will be the basis for possible inclusion in the publication.)

Activity Report

Vista Village: Executed an Exclusive Negotiations Agreement with Regency Centers for the development of Vista Village Phases 3 and 4. Completed the land sale of Phase 2. Vista Village Phases 1 and 2 are mostly completed and open for business. Over 80% of the space is leased and 103 new full time equivalent jobs were created.

Approved an amendment to the Owner Participation Agreement with North County Ford/Care West, and executed a lease for the expansion of the auto dealership.

Hired RBF/Urban Design Studio and commenced the Santa Fe/Mercantile Corridor Revitalization Strategy through a comprehensive community planning process. The planning process began with "Corridor Renaissance Week", 5 days of community meetings and workshops designed to provide the city and consultants with a wide overview of what Vista residents feel this corridor should become.

During the program year construction began on the Solutions Family Center Transitional Housing Project, which consists of 33 residential units and a community building. Funding for the project comes from a variety of local, state, and federal funding sources. The facility opened to the public on October 25, 2004.

Sycamore Creek: Entered into an Exclusive Negotiations Agreement with Lucas & Mercer Development for the reuse of the Sycamore Creek Mobilhome site; entered into an agreement with the City of Vista to purchase the Sycamore Creek

Enter the amount of square footage completed this year by building type and segregated by new or rehabilitated construction.

Commercial Buildings

Industrial Buildings

Public Buildings

Other Buildings

Total Square Footage

Enter the Number of Jobs Created from the Activities of the Agency

Types Completed

A=Utilities B=Recreation C=Landscaping D=Sewer/ Storm E=Streets/ Roads
F=Bus/Transit

Square Footage Completed

**New
Construction**

Rehabilitated

146,650

146,650

103

ABCDE

0

**Vista Community Development Commission
Redevelopment Agencies Financial Transactions Report**

Achievement Information (Unaudited)

property; and, commenced closure of Sycamore Creek Mobilehome Park.

Vista Community Development Commission

Redevelopment Agencies Financial Transactions Report

Achievement Information (Unaudited)

Fiscal Year 2004

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Vista Community Development Commission
Redevelopment Agencies Financial Transactions Report

Audit Information

Fiscal Year 2004

Was the Report Prepared from Audited Financial Data, and Did You Submit a Copy of the Audit?

 Yes

Indicate Financial Audit Opinion

 Unqualified

If Financial Audit is not yet Completed, What is the Expected Completion Date?

If the Audit Opinion was Other than Unqualified, State Briefly the Reason Given

Was a Compliance Audit Performed in Accordance with Health and Safety Code Section 33080.1 and the State Controller's Guidelines for Compliance Audits, and Did You Submit a Copy of the Audit?

 Yes

Indicate Compliance Audit Opinion

 Positive/Negative No Exceptions

If Compliance Audit is not yet Completed, What is the Expected Completion Date?

If compliance opinion includes exceptions, state the areas of non-compliance, and describe the agency's efforts to correct.

**Vista Community Development Commission
Redevelopment Agencies Financial Transactions Report**

Project Area Report

Fiscal Year 2004

Project Area Name

Project Area No. 1

Please Provide a Brief Description of the Activities for this Project Area During the Reporting Year.

Activity Report

Please see "Achievement Information" portion of the report.

Forwarded from Prior Year? Yes No

Enter Code for Type of Project Area Report P

P = Standard Project Area Report
L = Low and Moderate Income Housing Fund
O = Other Miscellaneous Funds or Programs
A = Administrative Fund
M = Mortgage Revenue Bond Program
S = Proposed (Survey) Project Area

Does the Plan Include Tax Increment Provisions? Yes No

Date Project Area was Established (MM-DD-YY) 7/13/1987

Most Recent Date Project Area was Amended 9/22/1998

Did this Amendment Add New Territory? Yes No

Most Recent Date Project Area was Merged

Will this Project Area be Carried Forward to Next Year? Yes No

Established Time Limit :

Repayment of Indebtedness (Year Only) 2037

Effectiveness of Plan (Year Only) 2027

New Indebtedness (Year Only) 2007

Size of Project Area in Acres 2,106

Percentage of Land Vacant at the Inception of the Project Area 19.2

Health and Safety Code Section 33320.1 (xx.x%)

Percentage of Land Developed at the Inception of the Project Area 80.8

Health and Safety Code Section 33320.1 (xx.x%)

Objectives of the Project Area as Set Forth in the Project Area Plan RICP

(Enter the Appropriate Code(s) in Sequence as Shown)

R = Residential I = Industrial C = Commercial P = Public O = Other

Vista Community Development Commission
Redevelopment Agencies Financial Transactions Report

Assessed Valuation Data

Fiscal Year 2004

Project Area Name

Project Area No. 1

Frozen Base Assessed Valuation

187,602,251

Increment Assessed Valuation

1,036,642,866

Total Assessed Valuation

1,224,245,117

**Vista Community Development Commission
Redevelopment Agencies Financial Transactions Report**

Pass-Through / School District Assistance

Fiscal Year

2004

Project Area Name

Project Area No. 1

Amounts Paid To Taxing Agencies Pursuant To:

H & S Code Section 33401

H & S Code Section 33676

H & S Code Section 33607

Total

H & S Code Section 33445

H & S Code Section 33445.5

Tax Increment Pass Through Detail

Other Payments

	H & S Code Section 33401	H & S Code Section 33676	H & S Code Section 33607	Total	H & S Code Section 33445	H & S Code Section 33445.5
County	1,393,513			\$1,393,513		
Cities				\$0		
School Districts	1,396,603			\$1,396,603		
Community College District	39,926			\$39,926		
Special Districts				\$0		
Total Paid to Taxing Agencies	\$2,830,042	\$0	\$0	\$2,830,042	\$0	\$0

Net Amount to Agency

\$8,441,037

Gross Tax Increment Generated

11,271,079

**Vista Community Development Commission
 Redevelopment Agencies Financial Transactions Report**

Summary of the Statement of Indebtedness - Project Area

Fiscal Year	2004
Project Area Name	Project Area No. 1
Tax Allocation Bond Debt	109,038,955
Revenue Bonds	
Other Long Term Debt	8,372,977
City/County Debt	16,770,805
Low and Moderate Income Housing Fund	
Other	
Total	\$134,182,737
Available Revenues	
Net Tax Increment Requirements	\$134,182,737

**Vista Community Development Commission
Redevelopment Agencies Financial Transactions Report
Detail Summary of Long-Term Debt**

Fiscal Year 2004

City/County Debt

Project Area No. 1

Purpose of Issue	Year Authorized	Amount Authorized	Amount Issued	Principal Amount Unmatured End of Fiscal Year
Project Financing	1987	28,657,210	28,657,210	16,770,805

Notes

Project Area No. 1

Purpose of Issue	Year Authorized	Amount Authorized	Amount Issued	Principal Amount Unmatured End of Fiscal Year
Lowe's Retail Store Project	2001	1,650,000	1,650,000	1,407,656

State

Project Area No. 1

Purpose of Issue	Year Authorized	Amount Authorized	Amount Issued	Principal Amount Unmatured End of Fiscal Year
Housing Project Loan	2002	550,000	550,000	550,000

Tax Allocation Bonds

Project Area No. 1

Purpose of Issue	Year Authorized	Amount Authorized	Amount Issued	Principal Amount Unmatured End of Fiscal Year
Project Financing	2001	12,150,000	12,150,000	12,045,000

**Vista Community Development Commission
Redevelopment Agencies Financial Transactions Report
Detail Summary of Long-Term Debt**

Fiscal Year 2004

Project Financing	1998	14,580,000	14,580,000	14,285,000
Project Financing	1995	32,550,000	32,550,000	28,890,000
Finance Rental Project	1995	2,980,000	2,980,000	2,625,000

Vista Community Development Commission

Redevelopment Agencies Financial Transactions Report

Agency Long-Term Debt

Fiscal Year

2004

Project Area Name

Project Area No. 1

Forward from Prior Year	Yes
Bond Type	City/County Debt
Year of Authorization	1987
Principal Amount Authorized	28,657,210
Principal Amount Issued	28,657,210
Purpose of Issue	Project Financing
Maturity Date Beginning Year	1998
Maturity Date Ending Year	2027
Principal Amount Unmatured Beginning of Fiscal Year	\$18,914,858
Adjustment Made During Year	
Adjustment Explanation	
Interest Added to Principal	431,243
Principal Amount Issued During Fiscal Year	320,467
Principal Amount Matured During Fiscal Year	2,895,763
Principal Amount Defeased During Fiscal Year	
Principal Amount Unmatured End of Fiscal Year	\$16,770,805
Principal Amount In Default	
Interest In Default	

Bond Types Allowed:

Tax Allocation Bonds; Revenue Bonds; Certificates of Participation; Tax Allocation Notes; Financing Authority Bonds; City/County Debt; US;State; Loans; Lease Obligations; Notes; Deferred Pass-Throughs; Deferred Compensation; Other

Vista Community Development Commission

Redevelopment Agencies Financial Transactions Report

Agency Long-Term Debt

Fiscal Year

Project Area Name

Forward from Prior Year

Yes

Bond Type

Notes

Year of Authorization

2001

Principal Amount Authorized

1,650,000

Principal Amount Issued

1,650,000

Purpose of Issue

Lowes Retail Store Project

Maturity Date Beginning Year

2001

Maturity Date Ending Year

2011

Principal Amount Unmatured Beginning of Fiscal Year

\$1,530,194

Adjustment Made During Year

Adjustment Explanation

Interest Added to Principal

Principal Amount Issued During Fiscal Year

Principal Amount Matured During Fiscal Year

122,538

Principal Amount Defeased During Fiscal Year

Principal Amount Unmatured End of Fiscal Year

\$1,407,656

Principal Amount In Default

Interest In Default

Bond Types Allowed:

Tax Allocation Bonds; Revenue Bonds; Certificates of Participation; Tax Allocation Notes; Financing Authority Bonds; City/County Debt; US; State; Loans; Lease Obligations; Notes; Deferred Pass-Throughs; Deferred Compensation; Other

Vista Community Development Commission

Redevelopment Agencies Financial Transactions Report

Agency Long-Term Debt

Fiscal Year

Project Area Name

Forward from Prior Year

Bond Type

Year of Authorization

Principal Amount Authorized

Principal Amount Issued

Purpose of Issue

Maturity Date Beginning Year

Maturity Date Ending Year

Principal Amount Unmatured Beginning of Fiscal Year

Adjustment Made During Year

Adjustment Explanation

Interest Added to Principal

Principal Amount Issued During Fiscal Year

Principal Amount Matured During Fiscal Year

Principal Amount Deceased During Fiscal Year

Principal Amount Unmatured End of Fiscal Year

Principal Amount In Default

Interest In Default

Yes

Tax Allocation Bonds

Finance Rental Project

Bond Types Allowed:

Tax Allocation Bonds; Revenue Bonds; Certificates of Participation; Tax Allocation Notes; Financing Authority Bonds; City/County Debt; US, State; Loans; Lease Obligations; Notes; Deferred Pass-Throughs; Deferred Compensation; Other

Vista Community Development Commission

Redevelopment Agencies Financial Transactions Report

Agency Long-Term Debt

Fiscal Year

Project Area Name

Forward from Prior Year	<input type="text"/>
Bond Type	Tax Allocation Bonds
Year of Authorization	1995
Principal Amount Authorized	32,550,000
Principal Amount Issued	32,550,000
Purpose of Issue	Project Financing
Maturity Date Beginning Year	1998
Maturity Date Ending Year	2025
Principal Amount Unmatured Beginning of Fiscal Year	\$29,580,000
Adjustment Made During Year	<input type="text"/>
Adjustment Explanation	<input type="text"/>
Interest Added to Principal	<input type="text"/>
Principal Amount Issued During Fiscal Year	<input type="text"/>
Principal Amount Matured During Fiscal Year	690,000
Principal Amount Defeased During Fiscal Year	<input type="text"/>
Principal Amount Unmatured End of Fiscal Year	\$28,890,000
Principal Amount In Default	<input type="text"/>
Interest In Default	<input type="text"/>

Bond Types Allowed:

Tax Allocation Bonds; Revenue Bonds; Certificates of Participation; Tax Allocation Notes; Financing Authority Bonds; City/County Debt; US;State; Loans; Lease Obligations; Notes; Deferred Pass-Throughs; Deferred Compensation; Other

Vista Community Development Commission

Redevelopment Agencies Financial Transactions Report

Agency Long-Term Debt

Fiscal Year

Project Area Name

Forward from Prior Year

Bond Type

Year of Authorization

Principal Amount Authorized

Principal Amount Issued

Purpose of Issue

Maturity Date Beginning Year

Maturity Date Ending Year

Principal Amount Unmatured Beginning of Fiscal Year

Adjustment Made During Year

Adjustment Explanation

Interest Added to Principal

Principal Amount Issued During Fiscal Year

Principal Amount Matured During Fiscal Year

Principal Amount Deceased During Fiscal Year

Principal Amount Unmatured End of Fiscal Year

Principal Amount In Default

Interest In Default

Yes	
Tax Allocation Bonds	
1998	
14,580,000	
14,580,000	
Project Financing	
1998	
2028	
\$14,435,000	
150,000	
\$14,285,000	

Bond Types Allowed:

Tax Allocation Bonds; Revenue Bonds; Certificates of Participation; Tax Allocation Notes; Financing Authority Bonds; City/County Debt; US,State; Loans; Lease Obligations; Notes; Deferred Pass-Throughs; Deferred Compensation; Other

Vista Community Development Commission

Redevelopment Agencies Financial Transactions Report

Agency Long-Term Debt

Fiscal Year

Project Area Name

Forward from Prior Year

Bond Type

Year of Authorization

Principal Amount Authorized

Principal Amount Issued

Purpose of Issue

Maturity Date Beginning Year

Maturity Date Ending Year

Principal Amount Unmatured Beginning of Fiscal Year

Adjustment Made During Year

Adjustment Explanation

Interest Added to Principal

Principal Amount Issued During Fiscal Year

Principal Amount Matured During Fiscal Year

Principal Amount Defeased During Fiscal Year

Principal Amount Unmatured End of Fiscal Year

Principal Amount In Default

Interest In Default

	Yes
Tax Allocation Bonds	
2001	
12,150,000	
12,150,000	
Project Financing	
2002	
2037	
\$12,100,000	
55,000	
\$12,045,000	

Bond Types Allowed:

Tax Allocation Bonds; Revenue Bonds; Certificates of Participation; Tax Allocation Notes; Financing Authority Bonds; City/County Debt; US;State; Loans; Lease Obligations; Notes; Deferred Pass-Throughs; Deferred Compensation; Other

Vista Community Development Commission

Redevelopment Agencies Financial Transactions Report

Agency Long-Term Debt

Fiscal Year

2004

Project Area Name

Project Area No. 1

Forward from Prior Year

Bond Type

Year of Authorization

Principal Amount Authorized

Principal Amount Issued

Purpose of Issue

Maturity Date Beginning Year

Maturity Date Ending Year

Principal Amount Unmatured Beginning of Fiscal Year

Adjustment Made During Year

Adjustment Explanation

Interest Added to Principal

Principal Amount Issued During Fiscal Year

Principal Amount Matured During Fiscal Year

Principal Amount Defeased During Fiscal Year

Principal Amount Unmatured End of Fiscal Year

Principal Amount In Default

Interest In Default

State

2002

550,000

550,000

Housing project loan

2002

2012

550,000

550,000

550,000

Bond Types Allowed:

Tax Allocation Bonds; Revenue Bonds; Certificates of Participation; Tax Allocation Notes; Financing Authority Bonds; City/County Debt; US, State; Loans; Lease Obligations; Notes; Deferred Pass-Throughs; Deferred Compensation; Other

Vista Community Development Commission
Redevelopment Agencies Financial Transactions Report

Statement of Income and Expenditures - Revenues

Fiscal Year 2004
 Project Area Name Project Area No. 1

	Capital Project Funds	Debt Service Funds	Low/Moderate Income Housing Funds	Special Revenue/Other Funds	Total
Tax Increment Gross <i>(Include All Apportionments)</i>		9,016,863	2,254,216		\$11,271,079
Special Supplemental Subvention					\$0
Property Assessments					\$0
Sales and Use Tax					\$0
Transient Occupancy Tax					\$0
Interest Income	237,435	58,173	129,671		\$425,279
Rental Income	33,564				\$33,564
Lease Income					\$0
Sale of Real Estate					\$0
Gain on Land Held for Resale					\$0
Federal Grants					\$0
Grants from Other Agencies					\$0
Bond Administrative Fees					\$0
Other Revenues	72	181,565	0		\$181,637
Total Revenues	\$271,071	\$9,256,601	\$2,383,887	\$0	\$11,911,559

**Vista Community Development Commission
 Redevelopment Agencies Financial Transactions Report**

Statement of Income and Expenditures - Expenditures

Fiscal Year 2004

Project Area Name Project Area No. 1

	Capital Project Funds	Debt Service Funds	Low/Moderate Income Housing	Special Revenue/Other	Total
Administration Costs	801,584		496,077		\$1,297,661
Professional Services	171,350		112,801		\$284,151
Planning, Survey, and Design					\$0
Real Estate Purchases					\$0
Acquisition Expense			6,864		\$6,864
Operation of Acquired Property	4,204		431,035		\$435,239
Relocation Costs					\$0
Relocation Payments			974,499		\$974,499
Site Clearance Costs					\$0
Project Improvement / Construction Costs	314,275				\$314,275
Disposal Costs					\$0
Loss on Disposition of Land Held for Resale					\$0

**Vista Community Development Commission
Redevelopment Agencies Financial Transactions Report**

Statement of Income and Expenditures - Expenditures

Fiscal Year 2004

Project Area Name Project Area No. 1

	Capital Project Funds	Debt Service Funds	Low/Moderate Income Housing	Special Revenue/Other	Total
Decline in Value of Land Held for Resale					\$0
Rehabilitation Costs					\$0
Rehabilitation Grants			697		\$697
Interest Expense	73,684	3,151,125	162,318		\$3,387,127
Fixed Asset Acquisitions	13,019		6,850		\$19,869
Subsidies to Low and Moderate Income Housing			651,153		\$651,153
Debt Issuance Costs					\$0
Other Expenditures Including Pass-Through Payment(s)	31,391	5,736,703			\$5,768,094
Debt Principal Payments:					
Tax Allocation Bonds and Notes		895,000	60,000		\$955,000
Revenue Bonds, Certificates of Participation, Financing Authority Bonds					\$0
City/County Advances and Loans	2,895,763				\$2,895,763
All Other Long-Term Debt		122,538			\$122,538
Total Expenditures	\$4,305,270	\$9,905,366	\$2,902,294	\$0	\$17,112,930
Excess (Deficiency) Revenues over (under) Expenditures	(\$4,034,199)	(\$648,765)	(\$518,407)	\$0	(\$5,201,371)

Vista Community Development Commission

Redevelopment Agencies Financial Transactions Report

Statement of Income and Expenditures - Other Financing Sources

Fiscal Year

2004

Project Area Name

Project Area No. 1

	Capital Project Funds	Debt Service Funds	Low/Moderate Income Housing	Special Revenue/Other	Total
Proceeds of Long-Term Debt		320,467	550,000		\$870,467
Proceeds of Refunding Bonds					\$0
Payment to Refunded Bond Escrow Agent					\$0
Advances from City/County					\$0
Sale of Fixed Assets					\$0
Miscellaneous Financing Sources (Uses)		17,500	966,637		\$983,137
Operating Transfers In	468,527				\$468,527
Tax Increment Transfers In					\$0
Operating Transfers Out		468,527			\$468,527
Tax Increment Transfers Out					\$0
<i>(To the Low and Moderate Income Housing Fund)</i>					
Total Other Financing Sources (Uses)	\$486,027	(\$148,060)	\$1,515,637	\$0	\$1,853,604

Vista Community Development Commission

Redevelopment Agencies Financial Transactions Report

Statement of Income and Expenditures - Other Financing Sources

Fiscal Year

2004

Project Area Name

Project Area No. 1

Capital Project Funds	Debt Service Funds	Low/Moderate Income Housing	Special Revenue/Other	Total
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Excess (Deficiency) of Revenues and Other Financing Sources over Expenditures and Other Financing Uses

	(\$3,548,172)	(\$796,825)	\$997,230	\$0	(\$3,347,767)
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Equity, Beginning of Period

	\$7,949,626	\$2,391,646	\$5,799,001	\$0	\$16,140,273
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Prior Period Adjustments

					\$0
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Residual Equity Transfers

					\$0
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Other(Specify)

A	B	C	D	E	

Refresh

Total					

Other Total

--	--	--	--	--	--

Equity, End of Period

	\$4,401,454	\$1,594,821	\$6,796,231	\$0	\$12,792,506
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**Vista Community Development Commission
Redevelopment Agencies Financial Transactions Report**

Balance Sheet - Assets and Other Debts

Fiscal Year	2004	Balance Sheet - Assets and Other Debts						Total
		Capital Projects Funds	Debt Service Funds	Low/Moderate Income Housing Funds	Special Revenue/Other Funds	General Long-Term Debt	General Fixed Assets	
Assets and Other Debts								
Cash and Imprest Cash	4,578,738		432,912	6,081,166				\$11,092,816
Cash with Fiscal Agent	11,898		1,868,905	223,187				\$2,103,990
Tax Increments Receivable								\$0
Accounts Receivable								\$0
Accrued Interest Receivable								\$0
Loans Receivable				605,743				\$605,743
Contracts Receivable								\$0
Lease Payments Receivable								\$0
Unearned Finance Charge								\$0
Due from Capital Projects Fund								\$0
Due from Debt Service Fund								\$0
Due from Low/Moderate Income Housing Fund								\$0
Due from Special Revenue/Other Funds								\$0

**Visia Community Development Commission
Redevelopment Agencies Financial Transactions Report**

Balance Sheet - Assets and Other Debits

Fiscal Year	2004	Capital Projects Funds	Debt Service Funds	Low/Moderate Income Housing Funds	Special Revenue/Other Funds	General Long- Term Debt	General Fixed Assets	Total
Investments								\$0
Other Assets			21,588					\$21,588
Investments: Land Held for Resale								\$0
Allowance for Decline In Value of Land Held for Resale								\$0
Fixed Assets: Land, Structures, and Improvements								\$0
Equipment								\$0
Amount Available In Debt Service Fund						1,594,821		\$1,594,821
Amount to be Provided for Payment of Long-Term Debt						74,978,640		\$74,978,640
Total Assets and Other Debits		\$4,590,636	\$2,323,405	\$6,910,096	\$0	\$76,573,461	\$0	\$90,397,598

(Must Equal Total Liabilities,
Other Credits, and Equities)

**Vista Community Development Commission
Redevelopment Agencies Financial Transactions Report**

Balance Sheet - Liabilities and Other Credits

Fiscal Year	2004	Capital Projects Funds	Debt Service Funds	Low/Moderate Income Housing Funds	Special Revenue/Other Funds	General Long-Term Debt	General Fixed Assets	Total
Liabilities and Other Credits								
Accounts Payable	155,725		164,214	99,197				\$419,136
Interest Payable								\$0
Tax Anticipation Notes Payable								\$0
Loans Payable								\$0
Other Liabilities	33,457		564,370	14,668				\$612,495
Due to Capital Projects Fund								\$0
Due to Debt Service Fund								\$0
Due to Low/Moderate Income Housing Fund								\$0
Due to Special Revenue/Other Funds								\$0
Tax Allocation Bonds Payable						57,845,000		\$57,845,000
Lease Revenue, Certificates of Participation Payable, Financing Authority Bonds								\$0
All Other Long-Term Debt						18,728,461		\$18,728,461
Total Liabilities and Other Credits	\$189,182		\$728,584	\$113,865	\$0	\$76,573,461		\$77,605,092

**Vista Community Development Commission
Redevelopment Agencies Financial Transactions Report**

Balance Sheet - Liabilities and Other Credits

Fiscal Year	2004	Capital Projects Funds	Debt Service Funds	Low/Moderate Income Housing Funds	Special Revenue/Other Funds	General Long- Term Debt	General Fixed Assets	Total
Equities								
Investment In General Fixed Assets								\$0
Fund Balance Reserved	84,789	1,594,821	974,867					\$2,654,477
Fund Balance Unreserved-Designated	1,784,239		4,458,655					\$6,242,894
Fund Balance Unreserved-Undesignated	2,532,426		1,362,709					\$3,895,135
Total Equities	\$4,401,454	\$1,594,821	\$6,796,231	\$0			\$0	\$12,792,506
Total Liabilities, Other Credits, and Equities	\$4,590,636	\$2,323,405	\$6,910,096	\$0	\$76,573,461	\$0	\$90,397,598	

Visia Community Development Commission

Redevelopment Agencies Financial Transactions Report

Statement of Income and Expenditures - Summary, Combined Transfers In/Out

Fiscal Year	2004
Operating Transfers In	\$468,527
Tax Increment Transfers In	\$0
Operating Transfers Out	\$468,527
Tax Increment Transfers Out	\$0

**Vista Community Development Commission
 Redevelopment Agencies Financial Transactions Report
 Statement of Income and Expenditures
 Revenues - Consolidated**

Fiscal Year 2004

	Capital Project Funds	Debt Service Funds	Low/Moderate Income Housing Funds	Special Revenue/Other Funds	Total
Tax Increment Gross	\$0	\$9,016,863	\$2,254,216	\$0	\$11,271,079
Special Supplemental Subvention	\$0	\$0	\$0	\$0	\$0
Property Assessments	\$0	\$0	\$0	\$0	\$0
Sales and Use Tax	\$0	\$0	\$0	\$0	\$0
Transient Occupancy Tax	\$0	\$0	\$0	\$0	\$0
Interest Income	\$237,435	\$58,173	\$129,671	\$0	\$425,279
Rental Income	\$33,564	\$0	\$0	\$0	\$33,564
Lease Income	\$0	\$0	\$0	\$0	\$0
Sale of Real Estate	\$0	\$0	\$0	\$0	\$0
Gain on Land Held for Resale	\$0	\$0	\$0	\$0	\$0
Federal Grants	\$0	\$0	\$0	\$0	\$0
Grants from Other Agencies	\$0	\$0	\$0	\$0	\$0
Bond Administrative Fees	\$0	\$0	\$0	\$0	\$0
Other Revenues	\$72	\$181,565	\$0	\$0	\$181,637
Total Revenues	\$271,071	\$9,256,601	\$2,383,887	\$0	\$11,911,559

**Vista Community Development Commission
 Redevelopment Agencies Financial Transactions Report
 Statement of Income and Expenditures**

Expenditures - Consolidated

Fiscal Year 2004

	Capital Projects Funds	Debt Service Funds	Low/Moderate Income Housing Funds	Special Revenue/Other Funds	Total
Administration Costs	\$801,584	\$0	\$496,077	\$0	\$1,297,661
Professional Services	\$171,350	\$0	\$112,801	\$0	\$284,151
Planning, Survey, and Design	\$0	\$0	\$0	\$0	\$0
Real Estate Purchases	\$0	\$0	\$0	\$0	\$0
Acquisition Expense	\$0	\$0	\$6,864	\$0	\$6,864
Operation of Acquired Property	\$4,204	\$0	\$431,035	\$0	\$435,239
Relocation Costs	\$0	\$0	\$0	\$0	\$0
Relocation Payments	\$0	\$0	\$974,499	\$0	\$974,499
Site Clearance Costs	\$0	\$0	\$0	\$0	\$0
Project Improvement / Construction Costs	\$314,275	\$0	\$0	\$0	\$314,275
Disposal Costs	\$0	\$0	\$0	\$0	\$0
Loss on Disposition of Land Held for Resale	\$0	\$0	\$0	\$0	\$0

**Vista Community Development Commission
 Redevelopment Agencies Financial Transactions Report
 Statement of Income and Expenditures**

Expenditures - Consolidated

Fiscal Year 2004

	A	B	C	D	E
Capital Projects Funds	Debt Service Funds	Low/Moderate Income Housing Funds	Special Revenue/Other Funds	Total	
Decline in Value of Land Held for Resale	\$0	\$0	\$0	\$0	\$0
Rehabilitation Costs	\$0	\$0	\$0	\$0	\$0
Rehabilitation Grants	\$0	\$0	\$697	\$0	\$697
Interest Expense	\$73,684	\$3,151,125	\$162,318	\$0	\$3,387,127
Fixed Asset Acquisitions	\$13,019	\$0	\$6,850	\$0	\$19,869
Subsidies to Low and Moderate Income Housing Fund	\$0	\$0	\$651,153	\$0	\$651,153
Debt Issuance Costs	\$0	\$0	\$0	\$0	\$0
Other Expenditures Including Pass Through Payment(s)	\$31,391	\$5,736,703	\$0	\$0	\$5,768,094
Debt Principal Payments:					
Tax Allocation Bonds and Notes	\$0	\$895,000	\$60,000	\$0	\$955,000
Revenue Bonds and Certificates of Participation	\$0	\$0	\$0	\$0	\$0
City/County Advances and Loans	\$2,895,763	\$0	\$0	\$0	\$2,895,763
U.S., State and Other Long-Term Debt	\$0	\$122,538	\$0	\$0	\$122,538
Total Expenditures	\$4,305,270	\$9,905,366	\$2,902,294	\$0	\$17,112,930
Excess (Deficiency) Revenues Over (Under) Expenditures	(\$4,034,199)	(\$648,765)	(\$518,407)	\$0	(\$5,201,371)

Vista Community Development Commission
Redevelopment Agencies Financial Transactions Report
Statement of Income and Expenditures
Other Financing Sources (Uses) - Consolidated

Fiscal Year	2004				Total
	Capital Projects Funds	Debt Service Funds	Low/Moderate Income Housing Funds	Special Revenue/Other Funds	
Proceeds of Long-Term Debt	\$0	\$320,467	\$550,000	\$0	\$870,467
Proceeds of Refunding Bonds	\$0	\$0	\$0	\$0	\$0
Payment to Refunded Bond Escrow Agent	\$0	\$0	\$0	\$0	\$0
Advances from City/County	\$0	\$0	\$0	\$0	\$0
Sale of Fixed Assets	\$0	\$0	\$0	\$0	\$0
Miscellaneous Financing Sources (Uses)	\$17,500	\$0	\$965,637	\$0	\$983,137
Operating Transfers In	\$468,527	\$0	\$0	\$0	\$468,527
Tax Increment Transfers In			\$0		\$0
Operating Transfers Out	\$0	\$468,527	\$0	\$0	\$468,527
Tax Increment Transfers Out <i>(To the Low and Moderate Income Housing Fund)</i>	\$0	\$0			\$0
Total Other Financing Sources (Uses)	\$486,027	(\$148,060)	\$1,515,637	\$0	\$1,853,604

Vista Community Development Commission
Redevelopment Agencies Financial Transactions Report
Statement of Income and Expenditures
Other Financing Sources (Uses) - Consolidated

	Capital Projects Funds	Debt Service Funds	Low/Moderate Income Housing Funds	Special Revenue/Other Funds	Total
	A	B	C	D	E
Excess (Deficiency) of Revenues and Other Financing Sources over Expenditures and Other Financing Uses	(\$3,548,172)	(\$796,825)	\$997,230	\$0	(\$3,347,767)
Equity Beginning of Period	\$7,949,626	\$2,391,646	\$5,799,001	\$0	\$16,140,273
Prior Year Adjustments	\$0	\$0	\$0	\$0	\$0
Residual Equity Transfers	\$0	\$0	\$0	\$0	\$0
Other (Explain)	\$0	\$0	\$0	\$0	\$0
Equity, End of Period	\$4,401,454	\$1,594,821	\$6,796,231	\$0	\$12,792,506

HCD REPORT OF REDEVELOPMENT AGENCY HOUSING ACTIVITY FOR
FY ENDING: 06 / 30 / 2004

Agency Name and Address:

Community Development Commission - City of Vista
P.O. Box 1988
Vista CA 92085-1988

County of Jurisdiction:

San Diego

Health & Safety Code Section 33080.1 requires agencies to annually report on their Low & Moderate Income Housing Fund and housing activities for the Department of Housing and Community Development (HCD) to annually report on agencies' activities in accordance with Section 33080.6. Section 33080.3 specifies agencies must send this form, HCD Schedules, and an Audit report to the State Controller

Please answer each question below. Your answers determine which HCD SCHEDULES must be completed in order for the agency to fulfill the statutory requirement to report LMIHF housing activity and fund balances for the reporting period.

1. Check one of the items below to identify the Agency's status at the end of the reporting period:
 New (Agency formation occurred during reporting year. No financial transactions were completed).
 Active (Financial and/or housing transactions occurred during the reporting year)
 Inactive (No financial and/or housing transactions occurred during the reporting year). ONLY COMPLETE ITEM 7
 Dismantled (Agency adopted an ordinance to dissolve itself). ONLY COMPLETE ITEM 7
2. How many adopted project areas did the agency have during the reporting period? One
How many project areas were merged during the reporting period? None
If the agency has one or more adopted project areas, complete SCHEDULE HCD-A for each project area.
If the agency has no adopted project areas, DO NOT complete SCHEDULE HCD-A.
3. Within an area outside of any adopted redevelopment project area(s): (a) did the agency destroy or remove any dwelling units or displace any households over the reporting period, (b) does the agency intend to displace any households over the next reporting period, (c) did the agency permit the sale of any owner-occupied unit prior to the expiration of land use controls over the reporting period, and/or (d) did the agency execute a contract or agreement for the construction of any affordable units over the next two years?
 Yes (any question). Complete SCHEDULE HCD-B.
 No (all questions). DO NOT complete SCHEDULE HCD-B.
4. Did the agency have any funds in the Low & Moderate Income Housing Fund during the reporting period?
 Yes. Complete SCHEDULE HCD-C.
 No. DO NOT complete SCHEDULE HCD-C.
5. During the reporting period, were housing units completed within a project area and/or assisted by the agency outside a project area?
 Yes. Complete all applicable HCD SCHEDULES D1-D7 for each housing project completed and HCD SCHEDULE E.
 No. DO NOT complete HCD SCHEDULES D1-D7 or HCD SCHEDULE E.
6. Indicate whether HCD financial and housing activity information has been reported using method A and/or B checked below:
 A. Forms. All required HCD SCHEDULES A, B, C, D1-D7, and E are attached.
 B. On-line (<http://www.hcd.ca.gov/rda/>) "Lock Report" date: _____ . HCD SCHEDULES not required.
(lock date is shown under "Admin" Area and "Report Change History")
7. To the best of my knowledge: (a) the representations made above and (b) agency information reported are correct.

12/14/04
Date

Rich Z. DeLort
Signature of Authorized Agency Representative
City Manager

Title 760-726-1340

Telephone Number

IF NOT REQUIRED TO REPORT, SUBMIT ONLY THIS PAGE.

**IF REQUIRED TO REPORT, SUBMIT THIS PAGE AND:
APPLICABLE HCD FORMS (SCHEDULES A-E) and/or PROOF OF ELECTRONIC REPORTING**

SUBMIT THIS AND ALL OTHER FORMS WITH A COPY OF THE AUDIT REPORT TO THE STATE CONTROLLER:

*Division of Accounting and Reporting
Local Government Reporting Section
3301 C Street, Suite 500 - Sacramento, CA 95816*

SCHEDULE HCD-A
Inside Project Area Activity
for Fiscal Year that Ended 06/30/2004

Agency Name: CDC - City of Vista Project Area Name: Vista Redevelopment Project
Preparer's Name, Title: Aly Zimmermann
Senior Management Analyst Preparer's E-Mail Address: azimmermann@ci.vista.ca.us
Preparer's Telephone No: 760-639-6131 Preparer's Facsimile No: 760-639-6132

GENERAL INFORMATION

1. Project Area Information

- a. 1. Year 1st plan for project area was adopted: 1987
2. Year that plan was last amended (if applicable): N/A
3. Was plan amended after 2001 to extend time limits per Senate Bill 211 (Chapter 741, Statutes of 2001)? Yes ___ No X
4. Current expiration of plan: 07/16/2027
mo day yr
- b. If project area name has changed, give previous name(s) or number: N/A
- c. Year(s) of any mergers of the project area: N/A, ____, ____, ____
Identify former project areas that merged: N/A
- d. Year(s) project area plan was amended involving real property that either:
(1) Added property to plan: N/A, ____, ____, ____
(2) Removed property from plan: N/A, ____, ____, ____

2. Affordable Housing Replacement and/or Inclusionary or Production Requirements (Section 33413).

Pre-1976 project areas not subsequently amended after 1975: Pursuant to Section 33413(d), only Section 33413(a) replacement requirements apply to dwelling units destroyed or removed after 1995. The Agency can choose to apply all or part of Section 33413 to a project area plan adopted before 1976. If the agency has elected to apply all or part of Section 33413, provide the date of the resolution and the applicable Section 33413 requirements addressed in the scope of the resolution.

Date: N/A / ____ / ____ Resolution Scope (applicable Section 33413 requirements): N/A
mo day yr

Post-1975 project areas and geographic areas added by amendment after 1975 to pre-1976 project areas: Both replacement and inclusionary or production requirements of Section 33413 apply.

NOTE:

Amounts to report on HCD-A lines 3a(1), 3b-3f, and 3i. can be taken from what is reported to the State Controller's Office (SCO) on the Statement of Income and Expenditures as part of the Redevelopment Agency's Financial Transactions Report, except for the reclassifying of Transfers-In from Internal Funds and the reporting of Other Sources as discussed below:

Transfers-In from other internal funds: Report the amount of transferred funds on applicable HCD-A, lines 3a-j. For example, report the amount transferred from the Debt Service Fund to the Housing Fund for the deposit of the required set-aside percentage/amount by reporting gross tax increment on HCD-A, Line 3a(1) and report the Housing Fund's share of expenditures for debt service on HCD-C, Line 4c. Do not report "net" funds transferred from the Debt Service Fund on HCD-A, Line 3a(3) when reporting debt service expenditures on HCD-C, Line 4c.

Other Sources: Non-GAAP (Generally Acceptable Accounting Principles) revenues such as from land sales for those agencies using the Land Held for Resale method to record land sales should be reported on HCD-A Line 3d. Housing fund receipts for the repayment of loan principal should be included on HCD-A Line 3h.

Agency Name: CDC - City of Vista

Project Area Name: Vista Redevelopment Project

Project Area Housing Fund Revenues and Other Sources

✓3. Report all revenues and other sources of funds from this project area which accrued to the Housing Fund over the reporting year. Any income related to agency-assisted housing located outside the project area(s) should be reported as "Other Revenue" on Line 3j. (of this Schedule A), if this project area is named as beneficiary in the authorizing resolution. Any other revenue sources not reported on lines 3a.-3i., should also be reported on Line 3j.

Enter on Line 3a(1) the full 100% of gross Tax Increment allocated prior to applicable pass through of funds and deductions for fees (refer to Sections 33401, 33446, & 33676). Compute the required minimum percentage (%) of gross Tax Increment and enter the amount on Line 3a(2)(A) or 3a(2)(B). Next, report the amount of Tax Increment set-aside before any exemption and/or deferral (if amount set-aside is less than required minimum (%), explain the difference). If any amount of Tax Increment was exempted or deferred, in addition to completing lines 3a(4) and/or 3a(5), complete Line 4 and/or Line 5. To determine the amount of Tax Increment deposited to the Housing Fund [Line 3a(6)], subtract allowable amounts exempted [Line 3a(4)] or deferred [Line 3a(5)] from the actual amount allocated to the Housing Fund [Line 3a(3)].

a. Tax Increment:

(1) 100% of Gross Allocation: \$ 11,271,079

(2) Calculate only 1 set-aside amount: either (A) or (B) below:

(A) 20% required by 33334.2 (Line 3a(1) x 20%): \$ 2,254,216

(B) 30% required by 33333.10(g) (Line 3a(1) x 30%): \$ -
(Senate Bill 211, Chapter 741, Statutes of 2001)

(3) Amount of set-aside (Line 3a(2)) allocated to Housing Fund \$ 2,254,216 *

* If, pursuant to Section 33334.3(i), less than the minimum % of Gross Tax Increment (see 3a(2) above) is being allocated from this project area, identify the project area(s) contributing the difference. Explain any other reason(s):

(4) Amount Exempted [Health & Safety Code Section 33334.2] (\$ -)
(if there is an amount exempted, also complete question #4, next page):

(5) Amount Deferred [Health & Safety Code Section 33334.6] (\$ -)
(if there is an amount deferred, also complete question #5, next page):

(6) Total deposit to the Housing Fund [result of Line 3a(3) through 3a(5)]: \$ 2,254,216

b. Interest Income:

c. Rental/Lease Income (combine amounts separately reported to the SCO): \$ 129,671

d. Sale of Real Estate: \$ -

e. Grants (combine amounts separately reported to the SCO): \$ -

f. Bond Administrative Fees: \$ -

g. Deferral Repayments (also complete Line 5c(2) on the next page): \$ -

h. Loan Repayments: \$ 550,000

i. Debt Proceeds:

j. Other Revenue(s) [Explain and identify amount(s)]:

Housing program loan repayments \$ 965,637

_____ \$ 965,637

k. Total Project Area Receipts Deposited to Housing Fund (add lines 3a(6). through 3j.): \$ 3,899,524

Agency Name: CDC - City of Vista

Project Area Name: Vista Redevelopment Project

Exemption(s)

4. a. If an exemption was claimed on Page 2, Line 3a(4) to deposit less than the required amount, complete the following information:

N/A Check only one of the Health and Safety Code Sections below providing a basis for the exemption:

- Section 33334.2(a)(1): No need in community to increase/improve supply of lower or moderate income housing.
- Section 33334.2(a)(2): Less than the minimum set-aside % (20% or 30%) is sufficient to meet the need.
- Section 33334.2(a)(3): Community is making substantial effort equivalent in value to minimum set-aside % (20% or 30%) and has specific contractual obligations incurred before May 1, 1991 requiring continued use of this funding.

Note: Pursuant to Section 33334.2(a)(3)(C), this exemption expired on June 30, 1993 but contracts entered into prior to May 1, 1991 may not be subject to the exemption sunset.

Other: Specify code section and reason(s): _____

b. For any exemption claimed on Page 2, Line 3a(4) and/or Line 4a above, identify:

Date that initial (1st) finding was adopted: ____/____/____ Resolution # _____ Date sent to HCD: ____/____/____
mo day yr mo day yr

Adoption date of reporting year finding: ____/____/____ Resolution # _____ Date sent to HCD: ____/____/____
mo day yr mo day yr

Deferral(s)

5. a. Specify the authority for deferring any set-aside on Line 3a(5). Check only one Health and Safety Code Section boxes:

- N/A* Section 33334.6(d): Applicable to project areas approved before 1986 in which the required resolution was sent to HCD before September 1986 regarding needing tax increment to meet existing obligations. Existing obligations can include those incurred after 1985, if net proceeds were used to refinance pre-1986 listed obligations.

Note: The deferral previously authorized by Section 33334.6(e) expired. It was only allowable in each fiscal year prior to July 1, 1996 with certain restrictions.

Other: Specify code Section and reason: _____

b. For any deferral claimed on Page 2, Line 3a(5) and/or Line 5a above, identify:

Date that initial (1st) finding was adopted: ____/____/____ Resolution # _____ Date sent to HCD: ____/____/____
mo day yr mo day yr

Adoption date of reporting year finding: ____/____/____ Resolution # _____ Date sent to HCD: ____/____/____
mo day yr mo day yr

c. A deferred set-aside pursuant to Section 33334.6(d) constitutes indebtedness to the Housing Fund. Summarize the amount(s) of set-aside deferred over the reporting year and cumulatively as of the end of the reporting year:

Fiscal Year	Amount Deferred This Reporting FY	Amount of Prior Deferrals Repaid During Reporting FY	Cumulative Amount Deferred (Net of Any Amount(s) Repaid)
(1) Last Reporting FY			\$
(2) This Reporting FY	\$	\$	\$ * *

*** The cumulative amount of deferred set-aside should also be shown on HCD-C, Line 8a.**

If the prior FY cumulative deferral shown above differs from what was reported on the last HCD report (HCD-A and HCD-C), indicate the amount of difference and the reason:

Difference: \$ _____ Reason(s): _____

Agency Name: CDC - City of Vista

Project Area Name: Vista Redevelopment Project

Deferral(s) (continued)

5. d. Section 33334.6(g) requires any agency which defers set-asides to adopt a plan to eliminate the deficit in subsequent years.

If this agency has deferred set-asides, has it adopted such a plan? Yes No

If yes, by what date is the deficit to be eliminated? / /
mo day yr

If yes, when was the original plan adopted for the claimed deferral? / /
mo day yr

Identify Resolution # Date Resolution sent to HCD / /
mo day yr

When was the last amended plan adopted for the claimed deferral? / /
mo day yr

Identify Resolution # Date Resolution sent to HCD / /
mo day yr

N/A

Actual Project Area Households Displaced and Units and Bedrooms Lost Over Reporting Year:

6. a. **Redevelopment Project Activity.** Pursuant to Sections 33080.4(a)(1) and (a)(3), report by income category the number of elderly and nonelderly households permanently displaced and the number of units and bedrooms removed or destroyed, over the reporting year. (refer to Section 33413 for unit and bedroom replacement requirements).

Project Activity	Number of Households/Units/Bedrooms				
	VL	L	M	AM	Total
Households Permanently Displaced - Elderly	12/18	4/7			16/25
Households Permanently Displaced - Non Elderly	14/25	3/4	4/7		21/36
Households Permanently Displaced -Total	26/43	7/11	4/7		37/60
Units Lost (Removed or Destroyed) and Required to be Replaced					
Bedrooms Lost (Removed or Destroyed) and Required to be Replaced					
Above Moderate Units Lost That Agency is Not Required to Replace					
Above Moderate Bedrooms Lost That Agency is Not Required to Replace					

b. **Other Activity.** Pursuant to Sections 33080.4(a)(1) and (a)(3) based on activities other than the destruction or removal of dwelling units and bedrooms reported on Line 6a, report by income category the number of elderly and nonelderly households permanently displaced over the reporting year:

N/A

Other Activity	Number of Households				
	VL	L	M	AM	Total
Households Permanently Displaced - Elderly					
Households Permanently Displaced - Non Elderly					
Households Permanently Displaced - Total					

c. As required in Section 33413.5, identify, over the reporting year, each replacement housing plan required to be adopted before the permanent displacement, destruction, and/or removal of dwelling units and bedrooms impacting the households reported on lines 6a. and 6b.

Date 12 / 09 / 03
mo day yr

Name of Agency Custodian

Community Development Commission
City of Vista

Date / /
mo day yr

Name of Agency Custodian

Please attach a separate sheet of paper listing any additional housing plans adopted.

Agency Name: CDC - City of Vista

Project Area Name: Vista Redevelopment Project

Estimated Project Area Households to be Permanently Displaced Over Current Fiscal Year:

7. a. As required in Section 33080.4(a)(2) for a redevelopment project of the agency, estimate, over the current fiscal year, the number of elderly and nonelderly households, by income category, expected to be permanently displaced. (Note: actual displacements will be reported for the next reporting year on Line 6).

N/A

Project Activity	Number of Households				
	VL	L	M	AM	Total
Households Permanently Displaced - Elderly					
Households Permanently Displaced - Non Elderly					
Households Permanently Displaced - Total					

b. As required in Section 33413.5, for the current fiscal year, identify each replacement housing plan required to be adopted before the permanent displacement, destruction, and/or removal of dwelling units and bedrooms impacting the households reported in 7a.

Date / /
 mo day yr

Name of Agency Custodian _____

Date / /
 mo day yr

Name of Agency Custodian _____

Please attach a separate sheet of paper listing any additional housing plans adopted.

Units Developed Inside the Project Area to Fulfill Requirements of Other Project Area(s)

N/A

8. Pursuant to Section 33413(b)(2)(A)(v), agencies may choose one or more project areas to fulfill another project area's requirement to construct new or substantially rehabilitate dwelling units, provided the agency conducts a public hearing and finds, based on substantial evidence, that the aggregation of dwelling units in one or more project areas will not cause or exacerbate racial, ethnic, or economic segregation.

Were any dwelling units in this project area developed to partially or completely satisfy another project area's requirement to construct new or substantially rehabilitate dwelling units?

No.

Yes. Date initial finding was adopted? / / Resolution # Date sent to HCD: / /
 mo day yr mo day yr

Name of Other Project Area(s)	Number of Dwelling Units			
	VL	L	M	Total

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Agency Name: CDC - City of Vista

Project Area Name: Vista Redevelopment Project

Sales of Owner-Occupied Units Inside the Project Area Prior to the Expiration of Land Use Controls

9. Section 33413(c)(2)(A) specifies that pursuant to an adopted program, which includes but is not limited to an equity sharing program, agencies may permit the sale of owner-occupied units prior to the expiration of the period of the land use controls established by the agency. Agencies must deposit sale proceeds into the Low and Moderate Income Housing Fund and within three (3) years from the date the unit was sold, expend funds to make another unit equal in affordability, at the same income level, to the unit sold.

N/A

a. **Sales.** Did the agency permit the sale of any owner-occupied units during the reporting year?

- No
- Yes

	\$	← Total Proceeds From Sales Over Reporting Year	Number of Units			
SALES			VL	L	M	Total
Units Sold Over Reporting Year						

b. **Equal Units.** Were reporting year funds spent to make units equal in affordability to units sold over the last three reporting years?

- No
- Yes

	\$	← Total Proceeds From Sales Over Reporting Year	Number of Units			
SALES			VL	L	M	Total
Units Made Equal This Reporting Yr to Units Sold Over This Reporting Yr						
Units Made Equal This Reporting Yr to Units Sold One Reporting Yr Ago						
Units Made Equal This Reporting Yr to Units Sold Two Reporting Yrs Ago						
Units Made Equal This Reporting Yr to Units Sold Three Reporting Yrs Ago						

Affordable Units to be Constructed Inside the Project Area Within Two Years

10. Pursuant to Section 33080.4(a)(10), report the number of very low, low, and moderate income units to be financed by any federal, state, local, or private source in order for construction to be completed within two years from the date of the agreement or contract executed over the reporting year. Identify the project and/or contractor, date of the executed agreement or contract, and estimated completion date. Specify the amount reported as an encumbrance on HCD-C, Line 6a. and/or any applicable amount designated on HCD-C, Line 7a. such as for capital outlay or budgeted funds intended to be encumbered for project use within two years from the reporting year's agreement or contract date.

N/A

DO NOT REPORT ANY UNITS ON THIS SCHEDULE A THAT ARE REPORTED ON OTHER HCD-As, B, OR Ds.

Col A Name of Project and/or Contractor	Col B Agreement Execution Date	Col C Estimated Completion Date (w/in 2 yrs of Col B)	Col D Sch C Amount Encumbered [Line 6a]	Col E Sch C Amount Designated [Line 7a]	VL	L	M	Total
			\$	\$				
			\$	\$				
			\$	\$				

Please attach a separate sheet of paper to list additional information.

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SCHEDULE HCD-C

Agency-wide Activity

for Fiscal Year Ended 06/30/2004

Agency Name: CDC - City of Vista County: San Diego
 Preparer's Name, Title: Aly Zimmermann Sr. Management Analyst Preparer's E-Mail Address: azimmermann@ci.vista.ca.us
 Preparer's Telephone No: 760-639-6131 Preparer's Facsimile No: 760-639-6132

Low & Moderate Income Housing Funds

Report on the "status and use of the agency's Low and Moderate Income Housing Fund." Most information reported here should be based on information reported to the State Controller.

- | | | |
|------|---|---------------------|
| ✓ 1. | Beginning Balance (Use " <u>Net Resources Available</u> " from last fiscal year report to HCD) | \$ <u>5,799,001</u> |
| | a. <u>If Beginning Balance requires adjustment(s), identify the reason and amount for each adjustment:</u>
Use < \$ > for negative amounts or amounts to be subtracted | |
| | _____ \$ _____ | |
| | _____ \$ _____ | |
| | _____ \$ _____ | |
| | b. Total Adjustment(s) (indicate whether positive or <negative>) | \$ _____ |
| | c. Adjusted Beginning Balance [Beginning Balance plus + or minus <-> Total Adjustment(s)] | \$ <u>5,799,001</u> |
| ✓ 2. | Project Area(s) Receipts and Housing Fund Revenues | |
| | a. All Project Areas. Total Deposits [Sum of amount(s) from Line 3k, HCD-A(s)] | \$ <u>3,899,524</u> |
| | b. Other revenues not reported on Schedule HCD-A(s) [Identify source(s) and amount(s)]: | |
| | _____ \$ _____ | |
| | _____ \$ _____ | |
| | _____ \$ _____ | |
| | c. Total Housing Fund Revenues | \$ <u>3,899,524</u> |
| ✓ 3. | Total Resources (Line 1c. + Line 2a + Line 2c.) | \$ <u>9,698,525</u> |

NOTES:

Many amounts to report as Expenditures and Other Uses (beginning on the next page) should be taken from amounts reported to the State Controller's Office (SCO). Review the SCO's Redevelopment Agencies Financial Transactions Report.

Housing Fund "transfers-out" to other internal Agency funds: Report the specific use of all transferred funds on applicable lines 4a.-k of Schedule C. For example, transfers from the Housing Fund to the Debt Service Fund for the repayment of principal and interest of debt proceeds deposited to the Housing Fund should be reported on the applicable item comprising HCD-C Line 4c, providing tax increment (gross and deposit amounts) were reported on Sch-As. External transfers out of the Agency should be reported on HCD-C Line 4j (e.g.: transfer of excess surplus to the County Housing Authority).

Other Uses: Non-GAAP (Generally Accepted Accounting Principles) recording of expenditures such as land purchases for agencies using the Land Held for Resale method to record land purchases should be reported on HCD-C Line 4a(1). Funds spent resulting in loans to the Housing Fund should be included in HCD-C lines 4b., 4f., 4g., 4h., and 4i as appropriate.

The statutory cite pertaining to Community Redevelopment Law (CRL) is provided for preparers to review to determine the appropriateness of Low and Moderate Income Housing Fund (LMIHF) expenditures and other uses. HCD does not represent that line items identifying any expenditures and other uses are allowable. CRL is accessible on the Internet [website: <http://www.leginfo.ca.gov/> (California Law)] beginning with Section 33000 of the Health and Safety Code.

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✓ 4. Expenditures, Loans, and Other Uses

a. Acquisition of Property & Building Sites [33334.2(e)(1)] & Housing [33334.2(e)(6)]:

(1) Land Purchases (<i>Investment - Land Held for Resale</i>) *	\$	
(2) Housing Assets (<i>Fixed Asset</i>) *	\$	
(3) Acquisition Expense	\$	<u>6,864</u>
(4) Operation of Acquired Property	\$	<u>431,035</u>
(5) Relocation Costs	\$	
(6) Relocation Payments	\$	<u>974,499</u>
(7) Site Clearance Costs	\$	
(8) Disposal Costs	\$	
(9) Other [Explain and identify amount(s)]:	\$	
	\$	
	\$	
	\$	\$

* Reported to SCO as part of Assets and Other Debts

(10) **Subtotal Property/Building Sites/Housing Acquisition** (Sum of Lines 1 - 9) \$ 1,412,398

b. Subsidies from Low and Moderate Income Housing Fund (LMIHF):

(1) 1 st Time Homebuyer Down Payment Assistance	\$	
(2) Rental Subsidies	\$	<u>101,153</u>
(3) Purchase of Affordability Covenants [33413(b)2(B)]	\$	
(4) Other [Explain and identify amount(s)]:	\$	
	\$	
	\$	
	\$	\$

(5) **Subtotal Subsidies from LMIHF** (Sum of Lines 1 - 4) \$ 101,153

c. Debt Service [33334.2(e)(9)]. Report LMIHF's share of debt service. If paid from Debt Service Fund, ensure "gross" tax increment is reported on HCD-A(s) Line 3a(1).

(1) Debt Principal Payments	\$	
(a) Tax Allocation, Bonds & Notes	\$	<u>60,000</u>
(b) Revenue Bonds & Certificates of Participation	\$	
(c) City/County Advances & Loans	\$	
(d) U. S. State & Other Long-Term Debt	\$	
(2) Interest Expense	\$	<u>162,318</u>
(3) Debt Issuance Costs	\$	
(4) Other [Explain and identify amount(s)]:	\$	
	\$	
	\$	
	\$	\$

(5) **Subtotal Debt Service** (Sum of Lines 1 - 4) \$ 222,318

d. Planning and Administration Costs [33334.3(e)(1)]:

(1) Administration Costs	\$	<u>496,077</u>
(2) Professional Services (<u>non project specific</u>)	\$	<u>112,001</u>
(3) Planning/Survey/Design (<u>non project specific</u>)	\$	
(4) Indirect Nonprofit Costs [33334.3(e)(1)(B)]	\$	
(5) Other [Explain and identify amount(s)]:	\$	
<u>Equipment purchase</u>	\$	<u>6,850</u>
	\$	
	\$	<u>6,850</u>

(6) **Subtotal Planning and Administration** (Sum of Lines 1 - 5) \$ 615,728

Agency Name: CDC - City of Vista

4. **Expenditures, Loans, and Other Uses** (continued)

- e. On/Off-Site Improvements [33334.2(e)(2)] *Complete item 13* \$
- f. Housing Construction [33334.2(e)(5)] \$ 550,000
- g. Housing Rehabilitation [33334.2(e)(7)] \$ 697
- h. Maintenance of Mobilehome Parks [33334.2(e)(10)] \$
- i. Preservation of At-Risk Units [33334.2(e)(11)] \$
- j. Transfers Out of Agency
 - (1) For Transit village Development Plan (33334.19) \$
 - (2) Excess Surplus [33334.12(a)(1)(A)] \$
 - (3) Other (specify code section authorizing transfer and amount)
 - A. Section _____ \$
 - B. Section _____ \$
 - Other Transfers Subtotal \$
- (4) **Subtotal Transfers Out of Agency** (Sum of j(1) through j(3)) \$

k. Other Expenditures, Loans, and Uses [Explain and identify amount(s)]:
\$
\$
\$
Subtotal Other Expenditures, Loans, and Uses \$ 550,697

l. **Total Expenditures, Loans, and Other Uses** (Sum of lines 4a.-k.) \$ 2,902,294

✓ 5. **Net Resources Available** [End of Reporting Fiscal Year]
[Page 1, Line 3, Total Resources minus Total Expenditures, Loans, and Other Uses on Line 4.l.] \$ 6,796,231

✓ 6. **Encumbrances and Unencumbered Balance**

- a. **Encumbrances.** Amount of Line 5 reserved for future payment of legal contract(s) or agreement(s). See Section 33334.12(g)(2) for definition.
Refer to item 10 on Sch-A(s) and item 4 on Sch-B. \$
- b. **Unencumbered Balance** (Line 5 minus Line 6a). Also enter on Page 4, Line 11a. \$ 6,796,231

✓ 7. **Designated/Undesignated Amount of Available Funds**

- A **Designated** Amount of Line 6b. budgeted/planned to use near-term
Refer to item 10 on Sch-A(s) and item 4 on Sch-B \$
- b. **Undesignated** Amount of Line 6b. not yet budgeted/planned to use \$

✓ 8. **Other Housing Fund Assets** (not included as part of Line 5)

- a. Indebtedness from Deferrals of Tax Increment (Sec. 33334.6)
[refer to Sch-A(s), Line 5c (2)]. \$
- b. Value of Land Purchased with Housing Funds and Held for
Development of Affordable Housing. *Complete Sch-C item 14.* \$
- c. Loans Receivable for Housing Activities \$
- d. Residual Receipt Loans (periodic/fluctuating payments) \$
- e. ERAF Loans Receivable (all years) (Sec. 33681) \$
- f. **Other Assets** [Explain and identify amount(s)]:
\$
\$

g. **Total Other Housing Fund Assets** (Sum of lines 8a.-f.) \$

✓ 9. **TOTAL FUND EQUITY** [Line 5 (Net Resources Available) + 8g (Total Other Housing Fund Assets)] \$ 6,796,231

Compare Line 9 to the below amount reported to the SCO (Balance Sheet of Redevelopment Agencies Financial Transactions Report. [Explain differences and identify amount(s)]:	\$	\$
ENTER LOW-MOD FUND TOTAL EQUITIES (BALANCE SHEET) REPORTED TO SCO	\$	<u><u>6,796,231</u></u>

Agency Name: CDC - City of Vista

Excess Surplus Information

Pursuant to Section 33080.7 and Section 33334.12(g)(1), report on Excess Surplus that is required to be determined on the first day of a fiscal year. Excess Surplus exists when the Adjusted Balance exceeds the greater of: (1) \$1,000,000 or (2) the aggregate amount of tax increment deposited to the Housing Fund during the prior four fiscal years. Section 33334.12(g)(3)(A) and (B) provide that the Unencumbered Balance can be adjusted for: (1) any remaining revenue generated in the reporting year from unspent debt proceeds and (2) if the land was disposed of during the reporting year to develop affordable housing, the difference between the fair market value of land and the value received.

The Unencumbered Balance is calculated by subtracting encumbrances from Net Resources Available. "Encumbrances" are funds reserved and committed pursuant to a legally enforceable contract or agreement for expenditure for authorized redevelopment housing activities [Section 33334.12(g)(2)].

For Excess Surplus calculation purposes, carry over the prior year's HCD Schedule C Adjusted Balance as the Adjusted Balance on the first day of the reporting fiscal year. Determine which is larger: (1) \$1 million or (2) the total of tax increment deposited over the prior four years. Subtract the largest amount from the Adjusted Balance and, if positive, report the amount as Excess Surplus.

✓ 10. **Excess Surplus:**
Complete Columns 2, 3, 4, & 5 to calculate Excess Surplus for the reporting year. Columns 6 and 7 track prior years' Excess Surplus.

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
4 Prior and Current Reporting Years	Total Tax Increment Deposits to Housing Fund	Sum of Tax Increment Deposits Over Prior Four FYs	Current Reporting Year 1 st Day Adjusted Balance	Current Reporting Year 1 st Day Excess Surplus Balances	Amount Expended/Encumbered Against FY Balance of Excess Surplus as of End of Reporting Year	Remaining Excess Surplus for Each Fiscal Year as of End of Reporting Year
4 Rpt Yrs Ago FY <u>99/00</u>	\$ <u>1,380,468</u>			\$	\$	\$
3 Rpt Yrs Ago FY <u>00/01</u>	\$ <u>1,574,754</u>			\$	\$	\$
2 Rpt Yrs Ago FY <u>01/02</u>	\$ <u>1,816,028</u>			\$	\$	\$
1 Rpt Yr Ago FY <u>02/03</u>	\$ <u>1,969,781</u>			\$	\$	\$
CURRENT Reporting Year FY <u>03/04</u>		Sum of Column 2 <u>\$ 6,741,031</u>	Last Year's Sch C Adjusted Balance <u>\$ 4,951,292</u>	Col 4 minus: larger of Col 3 or \$1mm (report positive \$) <u>\$ -</u>	\$	\$

✓ 11. **Reporting Year Ending Unencumbered Balance and Adjusted Balance:** \$ 6,796,231

- a. **Unencumbered Balance** (End of Year) [Page 3, Line 6b]
- b. If eligible, adjust the Unencumbered Balance for:
 - (1) **Debt Proceeds** [33334.12(g)(3)(B)]:
Identify unspent debt proceeds and related income remaining at end of reporting year \$ _____
 - (2) **Land Conveyance Losses** [(33334.12(g)(3)(A))]:
Identify reporting year losses from sales/grants/leases of land acquired with low-mod funds, if 49% or more of new or rehabilitated units will be affordable to lower-income households \$ _____

✓ 12. **Adjusted Balance** (for next year's determination of Excess Surplus) [Line 11a minus sum of 11b(1) and 11b(2)] \$ 6,796,231

Note: Do not enter Adjusted Balance in Col 4. It is to be reported as next year's 1st day amount to determine Excess Surplus

a. If there is remaining Excess Surplus from what was determined on the first day of the reporting year, describe the agency's plan (as specified in Section 33334.10) for transferring, encumbering, or expending excess surplus:

b. If the plan described in 12a. was adopted, enter the plan adoption date: _____ / _____ / _____
mo day yr

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Agency Name: CDC - City of Vista

Miscellaneous Uses of Funds

13. If an amount is reported in 4e., pursuant to Section 33080.4(a)(6), report the total number of very low-, low-, and moderate-income households that directly benefited from expenditures for onsite/offsite improvements which resulted in either new construction, rehabilitation, or the elimination of health and safety hazards. (Note: If Line 4e of this schedule does not show expenditures for improvements, no units should be reported here.)

N/A

Income Level	Households Constructed	Households Rehabilitated	Households Benefiting from Elimination of Health and Safety Hazard	Duration of Deed Restriction
Very Low				
Low				
Moderate				

14. If the agency is holding land for future housing development (refer to Line 8b), summarize the acreage (round to tenths, do not report square footage), zoning, date of purchase, and the anticipated start date for the housing development.

N/A

Site Name/Location*	No. of Acres	Zoning	Purchase Date	Estimated Date Available	Comments

Please attach a separate sheet of paper listing any additional sites not reported above.

✓

15. Section 33334.13 requires agencies which have used the Housing Fund to assist mortgagors in a homeownership mortgage revenue bond program, or home financing program described in that Section, to provide the following information:

a. Has your agency used the authority related to definitions of income or family size adjustment factors provided in Section 33334.13(a)?

Yes No Not Applicable

b. Has the agency complied with requirements in Section 33334.13(b) related to assistance for very low-income households equal to twice that provided for above moderate-income households?

Yes No Not Applicable

Agency Name: CDC - City of Vista

16. Did the Agency use non-LMIHF funds as matching funds for the Federal HOME or HOPE program during the reporting period?

YES NO

If yes, please indicate the amount of non-LMIHF funds that were used for either HOME or HOPE program support.

HOME \$ _____ HOPE \$ _____

17. Pursuant to Section 33080.4(a)(11), the agency shall maintain adequate records to identify the date and amount of all LMIHF deposits and withdrawals during the reporting period. To satisfy this requirement, the Agency should keep and make available upon request any and all deposit and withdrawal information. DO NOT SUBMIT ANY DOCUMENTS/RECORDS.

Has your agency made any deposits to or withdrawals from the LMIHF? Yes No

If yes, identify the document(s) describing the agency's deposits and withdrawals by listing for each document, the following (attach additional pages of similar information below as necessary):

Name of document (e.g. ledger, journal, etc.): General Ledger
Name of Agency Custodian (person): Dale Nelson
Custodian's telephone number: 760-726-1340
Place where record can be accessed: City of Vista

Name of document (e.g. ledger, journal, etc.): _____
Name of Agency Custodian (person): _____
Custodian's telephone number: _____
Place where record can be accessed: _____

18. Use of Other (non Low-Mod Funds) Redevelopment Funds for Housing

Please briefly describe the use of any non-LMIHF redevelopment funds (i.e., contributions from the other 80% of tax increment revenue) to construct, improve, assist, or preserve housing in the community.

HOME
HELP
Call Home
In-Lieu Housing Fees

19. Suggestions/Resource Needs

Please provide suggestions to simplify and improve future agency reporting and identify any training, information, and/or other resources, etc. that would help your agency to more quickly and effectively use its housing or other funds to increase, improve, and preserve affordable housing?

- ① Consistency with state and federal regulations
- ② Stop changing laws that require continual modifications to programs and guidelines
- ③ Simplify HUD reports and provide an example set of report documents

20. Annual Monitoring Reports of Previously Completed Affordable Housing Projects/Programs (H&SC 33418)

Were all Annual Monitoring Reports received for all prior years' affordable housing projects/programs?: Yes No

21. Project Achievement and HCD Director's Award for Housing Excellence

Project achievement information is optional but can serve important purposes: Agencies' achievements can inform others of successful redevelopment projects and provide instructive information for additional successful projects. Achievements may be included in HCD's Annual Report of Housing Activities of California Redevelopment Agencies to assist other local agencies in developing effective and efficient programs to address local housing needs.

In addition, HCD may select various projects to receive the Director's Award for Housing Excellence. Projects may be selected based on criteria such as local affordable housing need(s) met, resources utilized, barriers overcome, and project innovation/complexity, etc.

Project achievement information should only be submitted for one affordable residential project that was completed within the reporting year as evidenced by a Certificate of Occupancy. The project must not have been previously reported as an achievement.

To publish agencies' achievements in a standard format, please complete information for each underlined category below addressing suggested topics in a narrative format that does not exceed two pages (see example, next page). In addition to submitting information with other HCD forms to the State Controller, please submit achievement information on a 3.5 inch diskette and identify the software type and version. For convenience, the diskette can be separately mailed to: HCD Policy Division, 1800 3rd Street, Sacramento, CA 95814 or data can be emailed by attaching the file and sending it to: atorrens@hcd.ca.gov or rlevy@hcd.ca.gov.

AGENCY INFORMATION

- Project Type (Choose one of the categories below and one kind of assistance representing the primary project type):

<u>New/Additional Units (Previously Unoccupied/Uninhabitable):</u>	<u>Existing Units (Previously Occupied)</u>
- New Construction to own	- Rehabilitation of Owner-Occupied
- New Construction to rent	- Rehabilitation of Tenant-Occupied
- Rehabilitation to own	- Acquisition and Rehabilitation to Own
- Rehabilitation to rent	- Acquisition and Rehabilitation to Rent
- Adaptive Re-use	- Mobilehomes/Manufactured Homes
- Mixed Use Infill	- Payment Assistance for Owner or Renter
- Mobilehomes/Manufactured Homes	- Transitional Housing
- Mortgage Assistance	- Other (describe)
- Transitional Housing	
- Other (describe)	
- Agency Name:
- Agency Contact and Telephone Number for the Project:

DESCRIPTION

- Project Name
- Clientele served [owner, renter, income group, special need (e.g. large family or disabled), etc.]
- Number and type of units and location, density, and size of project relative to other projects, etc.
- Degree of affordability/assistance rendered to families by project, etc.
- Uniqueness (land use, design features, additional services/amenities provided, funding sources/collaboration, before/after project conversion such as re-use, mixed use, etc.)
- Cost (acquisition, clean-up, infrastructure, conversion, development, etc.)

HISTORY

- Timeframe from planning to opening
- Barriers/resistance (legal/financial/community, etc.) that were overcome
- Problems and creative solutions found
- Lessons learned and/or recommendations for undertaking a similar project

AGENCY ROLE AND ACHIEVEMENT

- Degree of involvement with concept, design, approval, financing, construction, operation, and cost, etc.
- Specific agency and/or community goals and objectives met, etc.

**SCHEDULE HCD-D1
GENERAL PROJECT/PROGRAM INFORMATION**

For each different Project/Program (area/name/agy or nonagy dev/rental or owner), complete a D1 and applicable D2-D7.

Examples:

- 1: 25 minor rehab (Nonagy Dev): Area 1: 15 Owner; Area 2: 6 Rental; & Outside: 4 Rental. Complete 3 D-1s & 3 D-5s.
- 2: 20 sub rehab (nonrestricted): Area 3: 4 Agy Dev. Rentals; 16 Nonagy Dev. Rentals. Complete 2 D-1s & 2 D-5s.
- 3: 15 sub rehab (restricted): Area 4: 15 Nonagy Dev, Owner. Complete 1 D-1 & 1 D-3.
- 4: 10 new (Outside). 2 Agy Dev (restricted Rental), 8 Nonagy Dev (nonrestricted Owner) Complete 2 D-1s, 1 D-4, & 1 D-5.

Name of Redevelopment Agency: CDC - City of Vista
 Identify Project Area or specify "Outside": Outside
 General Title of Housing Project/Program: Solutions Transitional Housing Center
 Project/Program Address (optional): _____
 Street: 722 W. California Ave. City: Vista ZIP: 92083

Owner Name (optional): _____
 Total Project/Program Units: # 32 Restricted Units: # 32 Unrestricted Units: # _____

For projects/programs with no RDA assistance, do not complete any of below or any of HCD D2-D6. Only complete HCD-D7.

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(3)]? YES NO
 Number of units occupied by ineligible households (e.g. ineligible income/# of residents in unit) at FY end # 2
 Number of bedrooms occupied by ineligible persons (e.g. ineligible income/# of residents in unit) at FY end # 2
 Number of units restricted for special needs: (number must not exceed "Total Project Units") # 2
 Number of units restricted that are serving one or more Special Needs: # _____ Check, if data not available
 (Note: A unit may serve multiple "Special Needs" below. Sum of all the below can exceed the "Number of Units" above)

# _____ DISABLED (Mental)	# _____ FARMWORKER (Permanent)	# <u>32</u> TRANSITIONAL HOUSING
# _____ DISABLED (Physical)	# _____ FEMALE HEAD OF HOUSHOLD	# _____ ELDERLY
# _____ FARMWORKER (Migrant)	# _____ LARGE FAMILY (4 or more Bedrooms)	# _____ EMERGENCY SHELTERS (allowable use <u>only</u> with "Other Housing Units Provided - Without LMIHF" Sch-D6)

Affordability and/or Special Need Use Restriction Term (enter day/month/year using digits, e.g. 07/01/2002):

	Replacement Housing Units	Inclusionary Housing Units	Other Housing Units Provided	
			With LMIHF	Without LMIHF
Restriction Start Date	<u>10/25/2004</u>			
Restriction End Date	<u>10/25/2009</u>			

Funding Sources:
 Redevelopment Funds: \$ _____
 Federal Funds: \$ _____
 State Funds: \$ _____
 Other Local Funds: \$ _____
 Private Funds: \$ _____
 Owner's Equity: \$ _____
 TCAC/Federal Award: \$ _____
 TCAC/State Award: \$ _____
 Total Development/Purchase Cost: \$ _____

See attached sheet for details

Check all appropriate form(s) below that will be used to identify all of this Project's/Program's Units:

<input checked="" type="checkbox"/> Replacement Housing Units (Sch HCD-D2)	<input type="checkbox"/> Inclusionary Units: <input type="checkbox"/> Inside Project Area (Sch HCD-D3) <input type="checkbox"/> Outside Project Area (Sch HCD-D4)	<input checked="" type="checkbox"/> Other Housing Units Provided: <input checked="" type="checkbox"/> With LMIHF (Sch HCD-D5) <input type="checkbox"/> Without LMIHF (Sch HCD-D6) <input type="checkbox"/> No Agency Assistance (Sch HCD-D7)
--	---	--

SOLUTIONS FAMILY CENTER

Funding Sources

Source	Agency	Amount	Commitment Status
Cities			
		7764 SF *	
Carlsbad	Redevelopment	\$ 150,000.00	Committed
Encinitas	Community Development	\$ 100,000.00	Committed
Escondido	HOME	\$ 375,100.00	Committed
Oceanside	HOME	\$ 164,000.00	Committed
Oceanside	Housing	\$ 136,000.00	Committed
San Marcos	In-lieu	\$ 75,000.00	Committed
Vista	City - CDBG	\$ 30,000.00	Committed
County			
HOME	Housing and Community Development	\$ 957,000.00	Committed
State of California			
MHP	Housing and Community Development	\$ 2,044,512.00	Committed
AHP	Housing and Community Development	\$ 176,700.00	Committed
HUD SHP		\$ 400,000.00	Committed
EHAP		\$ 496,086.00	Committed
Vista/HELP	California Housing Finance Agency	\$ 550,000.00	Committed
Sub Total \$		\$ 5,654,398.00	
Capital Campaign			
Capital Campaign	North County Solutions for Change	\$ 289,000.00	Committed
Defer'd Develop Fee		\$ 236,690.00	If Needed
Total Construction Budget		\$ 6,180,088.00	
Predevelopment	Development	\$ 735,922.00	Committed
Construction Lender	Bank of America	\$ 1,985,862.00	Committed

* Includes build out of the shell of the Admin Center

Comm Projects Allocation

Principal only \$550,000 + \$165,000
Interest = \$715,000 total due in ten years

Bridge Loan in Place for
Balance by 5/30/2003

**SCHEDULE HCD-D2
REPLACEMENT HOUSING UNITS
(units not claimed on Schedule D-5,6,7)**

(restricted units that fulfill requirement to replace previously destroyed or removed units)

Agency: CDC - City of Vista

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Solutions Transitional Housing Center

Check only one:

Inside Project Area Outside Project Area

Check only one. If both apply, complete a separate form for each (with another Sch D-1):

Agency Developed Non-Agency Developed

Check only one. If both apply, complete a separate form for each (with another Sch D-1):

Rental Owner-Occupied

Enter the number of **restricted replacement units and bedrooms** for each applicable activity below:

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

A. New Construction:

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
					32			32		32			32	

Count of Bedrooms (e.g.: 1 elderly, low, 2 bdrm unit and 4 nonelderly, low, 2 bdrm units = 10 low (2 bdrms x 5))

1 Bedroom Unit (1 x # of units)					2 Bedroom Unit (2 x # of units)				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
					32			64	
3 Bedroom Unit (3 x # of units)					4 or more Bedroom Unit (4 x # of units)				

TOTAL (sum of all unit Bedrooms)				
VLOW	LOW	MOD	TOTAL	INELG.
32			64	

B. Substantial Rehabilitation (Post 93/AB 1290 definition: increased value, inclusive of land, is >25%):

NA

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

Count of Bedrooms (e.g.: 1 elderly, mod, 1 bdrm unit and 2 nonelderly, mod, 1 bdrm units = 3 mod (1 bdrms x 3))

1 Bedroom Unit (1 x # of units)					2 Bedroom Unit (2 x # of units)				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
3 Bedroom Unit (3 x # of units)					4 or more Bedroom Unit (4 x # of units)				

TOTAL (sum of all unit Bedrooms)				
VLOW	LOW	MOD	TOTAL	INELG.

Agency Name: CDC - City of Vista

Housing Project Name: Solutions Transitional Housing Center

**SCHEDULE HCD-D2
REPLACEMENT HOUSING UNITS (continued)**

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

C. Non-Substantial Rehabilitation (fulfills Pre 94 Replacement Obligation):

N/A

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

Count of Bedrooms (e.g.: 3 nonelderly, vlow, 3 bdrm units and 4 nonelderly 4 bdrm units TOTAL 25 bdrms)

1 Bedroom Unit (1 x # of units)					2 Bedroom Unit (2 x # of units)				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
3 Bedroom Unit (3 x # of units)					4 or more Bedroom Unit (4 x # of units)				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

TOTAL (sum of all unit Bedrooms)				
VLOW	LOW	MOD	TOTAL	INELG.

TOTAL UNITS (Add only TOTAL of all "Total Elderly / Non Elderly Units" not bedrooms):

32

N/A

If TOTAL UNITS is less than "Total Project Units" on HCD Sch D1, report the remaining units as instructed below.

Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:

- | | |
|---|---|
| <p>Inclusionary Units</p> <p><input type="checkbox"/> Inside Project Area (Sch HCD-D3)</p> <p><input type="checkbox"/> Outside Project Area (Sch HCD-D4)</p> | <p>Other Housing Units Provided:</p> <p><input type="checkbox"/> With LMIHF (Sch HCD-D5)</p> <p><input type="checkbox"/> Without LMIHF (Sch HCD-D6)</p> <p><input type="checkbox"/> No Assistance (Sch HCD-D7)</p> |
|---|---|

Identify the number of Replacement Units which also have been counted as Inclusionary Units:

Elderly Units					Non Elderly Units					Total Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

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SCHEDULE HCD-D5

OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF)

(units not claimed on Schedule D-2,3,4,6,7)

(lack minimum replacement or inclusionary restrictions and/or not controlled by agency or community)

Agency: CDC - City of Vista

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Solutions Transitional Housing Center

Check only one:

- Inside Project Area Outside Project Area

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

- Agency Developed Non-Agency Developed

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

- Rental Owner-Occupied

Enter the number of units for each applicable activity below:

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

A. New Construction Units (non replacement/non inclusionary):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
					32			32		32			32	

B. Substantial Rehabilitation Units (value increase with land > 25% (non replacement/non inclusionary):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

C. Non-Substantial Rehabilitation Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

D. Acquisition of Units Only (non acquisition of affordability covenants for inclusionary credit):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

E. Mobilehome Owner / Resident:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

F. Mobilehome Park Owner / Resident:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

Agency Name: CDC - City of Vista

Housing Project Name: Solutions Transitional Housing Center

**SCHEDULE HCD-D5
OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF) (continued)**

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

G. Preservation (H&S 33334.2(e)(11) Threat of Public Assisted/Subsidized Rentals Converted to Market):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

H. Subsidy (other than any activity already reported on this form):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

I. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

TOTAL UNITS (Add only TOTAL of all "TOTAL Elderly / Non Elderly Units"):

32

If TOTAL UNITS is less than "Total Project Units" shown on HCD Schedule D1, report the remainder as instructed below.

- Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:
- Replacement Housing Units (Sch HCD-D2)
 - Inclusionary Units:
 - Inside Project Area (Sch HCD-D3)
 - Outside Project Area (Sch HCD-D4)
 - Other Housing Units Provided:
 - Without LMIHF (Sch HCD-D6)
 - No Assistance (Sch HCD-D7)

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**SCHEDULE HCD-D1
GENERAL PROJECT/PROGRAM INFORMATION**

For each different Project/Program (area/name/agency or nonagency dev/rental or owner), complete a D1 and applicable D2-D7.

Examples:

- 1: 25 minor rehab (Nonagency Dev): Area 1: 15 Owner; Area 2: 6 Rental; & Outside: 4 Rental. Complete 3 D-1s & 3 D-5s.
- 2: 20 sub rehab (nonrestricted): Area 3: 4 Agency Dev. Rentals; 16 Nonagency Dev. Rentals. Complete 2 D-1s & 2 D-5s.
- 3: 15 sub rehab (restricted): Area 4: 15 Nonagency Dev, Owner. Complete 1 D-1 & 1 D-3.
- 4: 10 new (Outside). 2 Agency Dev (restricted Rental), 8 Nonagency Dev (nonrestricted Owner) Complete 2 D-1s, 1 D-4, & 1 D-5.

Name of Redevelopment Agency: CDC - City of Vista
 Identify Project Area or specify "Outside": Outside Housing
 General Title of Housing Project/Program: Single Family Rehabilitation Program
 Project/Program Address (optional): _____
 Street: 642 Cortez Ave. City: Vista ZIP: _____

Owner Name (optional): _____
 Total Project/Program Units: # 1 Restricted Units: # 1 Unrestricted Units: # _____

For projects/programs with no RDA assistance, do not complete any of below or any of HCD D2-D6. Only complete HCD-D7.

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(3)]? YES NO
 Number of units occupied by ineligible households (e.g. ineligible income/# of residents in unit) at FY end # 0
 Number of bedrooms occupied by ineligible persons (e.g. ineligible income/# of residents in unit) at FY end # 0
 Number of units restricted for special needs: (number must not exceed "Total Project Units") # 0
 Number of units restricted that are serving one or more Special Needs: # _____ Check, if data not available
 (Note: A unit may serve multiple "Special Needs" below. Sum of all the below can exceed the "Number of Units" above)

# _____ DISABLED (Mental)	# _____ FARMWORKER (Permanent)	# _____ TRANSITIONAL HOUSING
# _____ DISABLED (Physical)	# _____ FEMALE HEAD OF HOUSHOLD	# _____ ELDERLY
# _____ FARMWORKER (Migrant)	# _____ LARGE FAMILY (4 or more Bedrooms)	# _____ EMERGENCY SHELTERS (allowable use only with "Other Housing Units Provided - Without LMIHF" Sch-D6)

Affordability and/or Special Need Use Restriction Term (enter day/month/year using digits, e.g. 07/01/2002):

	Replacement Housing Units	Inclusionary Housing Units	Other Housing Units Provided	
			With LMIHF	Without LMIHF
Restriction Start Date				
Restriction End Date				

Funding Sources:
 Redevelopment Funds: \$ 25,000
 Federal Funds: \$ _____
 State Funds: \$ _____
 Other Local Funds: \$ _____
 Private Funds: \$ _____
 Owner's Equity: \$ _____
 TCAC/Federal Award: \$ _____
 TCAC/State Award: \$ _____
 Total Development/Purchase Cost: \$ 25,000

Check all appropriate form(s) below that will be used to identify all of this Project's/Program's Units:

<input type="checkbox"/> Replacement Housing Units (Sch HCD-D2)	<input type="checkbox"/> Inclusionary Units: <input type="checkbox"/> Inside Project Area (Sch HCD-D3) <input type="checkbox"/> Outside Project Area (Sch HCD-D4)	<input checked="" type="checkbox"/> Other Housing Units Provided: <input checked="" type="checkbox"/> With LMIHF (Sch HCD-D5) <input type="checkbox"/> Without LMIHF (Sch HCD-D6) <input type="checkbox"/> No Agency Assistance (Sch HCD-D7)
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SCHEDULE HCD-D5

OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF)

(units not claimed on Schedule D-2,3,4,6,7)

(lack minimum replacement or inclusionary restrictions and/or not controlled by agency or community)

Agency: CDC - City of Vista

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Single Family Housing Rehabilitation Program

Check only one:
 Inside Project Area Outside Project Area

Check only one. If both apply, complete a separate form for each (with another Sch-D1):
 Agency Developed Non-Agency Developed

Check only one. If both apply, complete a separate form for each (with another Sch-D1):
 Rental Owner-Occupied

Enter the number of units for each applicable activity below:

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

A. New Construction Units (non replacement/non inclusionary):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

B. Substantial Rehabilitation Units (value increase with land > 25% (non replacement/non inclusionary):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

C. Non-Substantial Rehabilitation Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
	1		1								1		1	

D. Acquisition of Units Only (non acquisition of affordability covenants for inclusionary credit):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

E. Mobilehome Owner / Resident:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

F. Mobilehome Park Owner / Resident:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

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Agency Name: CDC - City of Vista

Housing Project Name: Single Family Housing Rehabilitation Program

**SCHEDULE HCD-D5
OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF) (continued)**

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

G. Preservation (H&S 33334.2(e)(11) Threat of Public Assisted/Subsidized Rentals Converted to Market):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

H. Subsidy (other than any activity already reported on this form):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

I. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

TOTAL UNITS (Add only TOTAL of all "TOTAL Elderly / Non Elderly Units"):

If TOTAL UNITS is less than "Total Project Units" shown on HCD Schedule D1, report the remainder as instructed below.

Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:

Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:

Inside Project Area (Sch HCD-D3)

Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:

Without LMIHF (Sch HCD-D6)

No Assistance (Sch HCD-D7)

**SCHEDULE HCD-D1
GENERAL PROJECT/PROGRAM INFORMATION**

For each different Project/Program (area/name/agency or nonagency dev/rental or owner), complete a D1 and applicable D2-D7.

Examples:

- 1: 25 minor rehab (Nonagency Dev): Area 1: 15 Owner; Area 2: 6 Rental; & Outside: 4 Rental. Complete 3 D-1s & 3 D-5s.
- 2: 20 sub rehab (nonrestricted): Area 3: 4 Agency Dev. Rentals; 16 Nonagency Dev. Rentals. Complete 2 D-1s & 2 D-5s.
- 3: 15 sub rehab (restricted): Area 4: 15 Nonagency Dev, Owner. Complete 1 D-1 & 1 D-3.
- 4: 10 new (Outside). 2 Agency Dev (restricted Rental), 8 Nonagency Dev (nonrestricted Owner) Complete 2 D-1s, 1 D-4, & 1 D-5.

Name of Redevelopment Agency: CDC - City of Vista
 Identify Project Area or specify "Outside": Outside
 General Title of Housing Project/Program: Mobilehome Rehabilitation Program
 Project/Program Address (optional): _____
 Street: Citywide City: Vista ZIP: 92081, 92083, 92084
 Owner Name (optional): _____
 Total Project/Program Units: # 14 Restricted Units: # _____ Unrestricted Units: # 14

For projects/programs with no RDA assistance, do not complete any of below or any of HCD D2-D6. Only complete HCD-D7.

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(3)]? YES NO
 Number of units occupied by ineligible households (e.g. ineligible income/# of residents in unit) at FY end # 0
 Number of bedrooms occupied by ineligible persons (e.g. ineligible income/# of residents in unit) at FY end # 0
 Number of units restricted for special needs: (number must not exceed "Total Project Units") # 0
 Number of units restricted that are serving one or more Special Needs: # _____ Check, if data not available
 (Note: A unit may serve multiple "Special Needs" below. Sum of all the below can exceed the "Number of Units" above)

# _____ DISABLED (Mental)	# _____ FARMWORKER (Permanent)	# _____ TRANSITIONAL HOUSING
# _____ DISABLED (Physical)	# _____ FEMALE HEAD OF HOUSHOLD	# _____ ELDERLY
# _____ FARMWORKER (Migrant)	# _____ LARGE FAMILY (4 or more Bedrooms)	# _____ EMERGENCY SHELTERS (allowable use <u>only</u> with "Other Housing Units Provided - Without LMIHF" Sch-D6)

Affordability and/or Special Need Use Restriction Term (enter day/month/year using digits, e.g. 07/01/2002):

	Replacement Housing Units	Inclusionary Housing Units	Other Housing Units Provided	
			With LMIHF	Without LMIHF
Restriction Start Date				
Restriction End Date				

Funding Sources:
 Redevelopment Funds: \$ _____
 Federal Funds: HOME \$ 51,473
 State Funds: Cal Home \$ 115,734
 Other Local Funds: \$ _____
 Private Funds: \$ _____
 Owner's Equity: \$ _____
 TCAC/Federal Award: \$ _____
 TCAC/State Award: \$ _____
 Total Development/Purchase Cost: \$ 167,207

Check all appropriate form(s) below that will be used to identify all of this Project's/Program's Units:

<input type="checkbox"/> Replacement Housing Units (Sch HCD-D2)	<input type="checkbox"/> Inclusionary Units: <input type="checkbox"/> Inside Project Area (Sch HCD-D3) <input type="checkbox"/> Outside Project Area (Sch HCD-D4)	<input type="checkbox"/> Other Housing Units Provided: <input type="checkbox"/> With LMIHF (Sch HCD-D5) <input checked="" type="checkbox"/> Without LMIHF (Sch HCD-D6) <input type="checkbox"/> No Agency Assistance (Sch HCD-D7)
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SCHEDULE HCD-D6

OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITHOUT LMIHF)

(units not claimed on Schedule D-2,3,4,5,7)

(units without minimum affordability restrictions and/or units that agency or community does not control)

Agency: CDC - City of Vista

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Mobilehome Rehabilitation Program

Check only one:
 Inside Project Area Outside Project Area

Check only one. If both apply, complete a separate form for each (with another Sch-D1):
 Agency Developed Non-Agency Developed

Check only one. If both apply, complete a separate form for each (with another Sch-D1):
 Rental Owner-Occupied

Enter the number of units for each applicable activity below:

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

A. New Construction Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

B. Substantial Rehabilitation Units (increased value, inclusive of land, is > 25%):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

C. Other Non-Substantial Rehabilitation Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

D. Acquisition Only:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

E. Mobilehome Owner / Resident:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL
12				12	2				2	14				14

F. Mobilehome Park Owner / Resident:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

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Agency Name: CDC - City of Vista

Housing Project Name: Mobilehome Rehabilitation Program

**SCHEDULE HCD-D6
OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITHOUT LMIHF) (continued)**

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

G. Preservation of Public Assisted Rentals At-Risk of Converting to Market Rent (H&S 33334.2(e)(11)):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

H. Replacement of Public Assisted At-Risk Units Without LMIHF (H&S 33334.3(h)):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

I. Replacement of Other (not at-risk) Rental Units Without LMIHF (H&S 33334.3(f)(1)(A)):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

J. Subsidy (other than any activity already reported on this form):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

K. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

TOTAL UNITS (Add only **TOTAL** of all "TOTAL Elderly / Non Elderly Units"):

14

If **TOTAL UNITS** is less than "Total Project Units" shown on HCD Schedule D1, report the remainder as instructed below.

Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:

Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:

Inside Project Area (Sch HCD-D3)

Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:

With LMIHF (Sch HCD-D5)

No Assistance (Sch HCD-D7)

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**SCHEDULE HCD-D1
GENERAL PROJECT/PROGRAM INFORMATION**

For each different Project/Program (area/name/agency or nonagency dev/rental or owner), complete a D1 and applicable D2-D7.

Examples:

- 1: 25 minor rehab (Nonagency Dev): Area 1: 15 Owner; Area 2: 6 Rental; & Outside: 4 Rental. Complete 3 D-1s & 3 D-5s.
- 2: 20 sub rehab (nonrestricted): Area 3: 4 Agency Dev. Rentals; 16 Nonagency Dev. Rentals. Complete 2 D-1s & 2 D-5s.
- 3: 15 sub rehab (restricted): Area 4: 15 Nonagency Dev, Owner. Complete 1 D-1 & 1 D-3.
- 4: 10 new (Outside). 2 Agency Dev (restricted Rental), 8 Nonagency Dev (nonrestricted Owner) Complete 2 D-1s, 1 D-4, & 1 D-5.

Name of Redevelopment Agency: CDC - City of Vista
 Identify Project Area or specify "Outside": Outside
 General Title of Housing Project/Program: Vista Home Ownership Program
 Project/Program Address (optional): _____
 Street: Citywide City: Vista ZIP: 92081, 92083, 92084
 Owner Name (optional): N/A
 Total Project/Program Units: # 5 Restricted Units: # 5 Unrestricted Units: # _____

For projects/programs with no RDA assistance, do not complete any of below or any of HCD D2-D6. Only complete HCD-D7.

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(3)]? YES NO
 Number of units occupied by ineligible households (e.g. ineligible income/# of residents in unit) at FY end # 0
 Number of bedrooms occupied by ineligible persons (e.g. ineligible income/# of residents in unit) at FY end # 0
 Number of units restricted for special needs: (number must not exceed "Total Project Units") # 0
 Number of units restricted that are serving one or more Special Needs: # _____ Check, if data not available
 (Note: A unit may serve multiple "Special Needs" below. Sum of all the below can exceed the "Number of Units" above)

# _____ DISABLED (Mental)	# _____ FARMWORKER (Permanent)	# _____ TRANSITIONAL HOUSING
# _____ DISABLED (Physical)	# _____ FEMALE HEAD OF HOUSHOLD	# _____ ELDERLY
# _____ FARMWORKER (Migrant)	# _____ LARGE FAMILY (4 or more Bedrooms)	# _____ EMERGENCY SHELTERS (allowable use only with "Other Housing Units Provided - Without LMIHF" Sch-D6)

Affordability and/or Special Need Use Restriction Term (enter day/month/year using digits, e.g. 07/01/2002):

	Replacement Housing Units	Inclusionary Housing Units	Other Housing Units Provided	
			With LMIHF	Without LMIHF
Restriction Start Date				
Restriction End Date				

Funding Sources:
 Redevelopment Funds: \$ _____
 Federal Funds HOME Funds: \$ 70,000
 State Funds: \$ _____
 Other Local Funds: \$ _____
 Private Funds: \$ _____
 Owner's Equity: \$ _____
 TCAC/Federal Award: \$ _____
 TCAC/State Award: \$ _____
 Total Development/Purchase Cost: \$ 70,000

Check all appropriate form(s) below that will be used to identify all of this Project's/Program's Units:

<input type="checkbox"/> Replacement Housing Units (Sch HCD-D2)	<input type="checkbox"/> Inclusionary Units: <input type="checkbox"/> Inside Project Area (Sch HCD-D3) <input type="checkbox"/> Outside Project Area (Sch HCD-D4)	Other Housing Units Provided: <input checked="" type="checkbox"/> With LMIHF (Sch HCD-D5) <input type="checkbox"/> Without LMIHF (Sch HCD-D6) <input type="checkbox"/> No Agency Assistance (Sch HCD-D7)
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SCHEDULE HCD-D5

OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF)

(units not claimed on Schedule D-2,3,4,6,7)

(lack minimum replacement or inclusionary restrictions and/or not controlled by agency or community)

Agency: CDC - City of Vista

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Vista Home Ownership Programme

Check only one:

- Inside Project Area Outside Project Area

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

- Agency Developed Non-Agency Developed

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

- Rental Owner-Occupied

Enter the number of units for each applicable activity below:

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

A. **New Construction Units (non replacement/non inclusionary):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

B. **Substantial Rehabilitation Units (value increase with land > 25% (non replacement/non inclusionary):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

C. **Non-Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

D. **Acquisition of Units Only (non acquisition of affordability covenants for inclusionary credit):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
1			1		4			4		5			5	

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

F. **Mobilehome Park Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

Agency Name: CDC - City of Vista

Housing Project Name: Vista Home Ownership Program

**SCHEDULE HCD-D5
OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF) (continued)**

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

G. Preservation (H&S 33334.2(e)(11) Threat of Public Assisted/Subsidized Rentals Converted to Market):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

H. Subsidy (other than any activity already reported on this form):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

I. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

TOTAL UNITS (Add only TOTAL of all "TOTAL Elderly / Non Elderly Units"):

5

If TOTAL UNITS is less than "Total Project Units" shown on HCD Schedule D1, report the remainder as instructed below.

Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:

- Replacement Housing Units (Sch HCD-D2)
- Inclusionary Units:
 - Inside Project Area (Sch HCD-D3)
 - Outside Project Area (Sch HCD-D4)
- Other Housing Units Provided:
 - Without LMIHF (Sch HCD-D6)
 - No Assistance (Sch HCD-D7)

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**SCHEDULE HCD-D1
GENERAL PROJECT/PROGRAM INFORMATION**

For each different Project/Program (area/name/agency or nonagency dev/rental or owner), complete a D1 and applicable D2-D7.

Examples:

1: 25 minor rehab (Nonagency Dev): Area 1: 15 Owner; Area 2: 6 Rental; & Outside: 4 Rental. Complete 3 D-1s & 3 D-5s.

2: 20 sub rehab (nonrestricted): Area 3: 4 Agency Dev. Rentals; 16 Nonagency Dev. Rentals. Complete 2 D-1s & 2 D-5s.

3: 15 sub rehab (restricted): Area 4: 15 Nonagency Dev, Owner. Complete 1 D-1 & 1 D-3.

4: 10 new (Outside). 2 Agency Dev (restricted Rental), 8 Nonagency Dev (nonrestricted Owner) Complete 2 D-1s, 1 D-4, & 1 D-5.

Name of Redevelopment Agency: CDC - City of Vista
 Identify Project Area or specify "Outside": Outside
 General Title of Housing Project/Program: Tenant Based Rental Assistance Program

Project/Program Address (optional):
 Street: Citywide City: Vista ZIP: 92081, 92083, 92084

Owner Name (optional): _____
 Total Project/Program Units: # 25 Restricted Units: # _____ Unrestricted Units: # 25

For projects/programs with no RDA assistance, do not complete any of below or any of HCD D2-D6. Only complete HCD-D7.

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(3)]? YES NO

Number of units occupied by ineligible households (e.g. ineligible income/# of residents in unit) at FY end # 0

Number of bedrooms occupied by ineligible persons (e.g. ineligible income/# of residents in unit) at FY end # 0

Number of units restricted for special needs: (number must not exceed "Total Project Units") # 0

Number of units restricted that are serving one or more Special Needs: # _____ Check, if data not available

(Note: A unit may serve multiple "Special Needs" below. Sum of all the below can exceed the "Number of Units" above)

# _____ DISABLED (Mental)	# _____ FARMWORKER (Permanent)	# _____ TRANSITIONAL HOUSING
# _____ DISABLED (Physical)	# _____ FEMALE HEAD OF HOUSHOLD	# _____ ELDERLY
# _____ FARMWORKER (Migrant)	# _____ LARGE FAMILY (4 or more Bedrooms)	# _____ EMERGENCY SHELTERS (allowable use only with "Other Housing Units Provided - Without LMIHF" Sch-D6)

Affordability and/or Special Need Use Restriction Term (enter day/month/year using digits, e.g. 07/01/2002):

	Replacement Housing Units	Inclusionary Housing Units	Other Housing Units Provided	
			With LMIHF	Without LMIHF
Restriction Start Date				
Restriction End Date				

Funding Sources:
 Redevelopment Funds: \$ 170,000
 Federal Funds HOME: \$ 25,865
 State Funds: \$ _____
 Other Local Funds: \$ _____
 Private Funds: \$ _____
 Owner's Equity: \$ _____
 TCAC/Federal Award: \$ _____
 TCAC/State Award: \$ _____
 Total Development/Purchase Cost: \$ 195,865

Check all appropriate form(s) below that will be used to identify all of this Project's/Program's Units:

Replacement Housing Units (Sch HCD-D2) Inclusionary Units: Inside Project Area (Sch HCD-D3) Outside Project Area (Sch HCD-D4) Other Housing Units Provided: With LMIHF (Sch HCD-D5) Without LMIHF (Sch HCD-D6) No Agency Assistance (Sch HCD-D7)

SCHEDULE HCD-D5

OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF)

(units not claimed on Schedule D-2,3,4,6,7)

(lack minimum replacement or inclusionary restrictions and/or not controlled by agency or community)

Agency: CDC - City of Vista

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Tenant Based Rental Assistance Program

Check only one:

- Inside Project Area Outside Project Area

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

- Agency Developed Non-Agency Developed

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

- Rental Owner-Occupied

Enter the number of units for each applicable activity below:

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

A. New Construction Units (non replacement/non inclusionary):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

B. Substantial Rehabilitation Units (value increase with land > 25% (non replacement/non inclusionary):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

C. Non-Substantial Rehabilitation Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

D. Acquisition of Units Only (non acquisition of affordability covenants for inclusionary credit):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

E. Mobilehome Owner / Resident:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

F. Mobilehome Park Owner / Resident:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

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Agency Name: CDC - City of Vista

Housing Project Name: Tenant Based Rental Assistance Program

**SCHEDULE HCD-D5
OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF) (continued)**

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

G. Preservation (H&S 33334.2(e)(11) Threat of Public Assisted/Subsidized Rentals Converted to Market):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

H. Subsidy (other than any activity already reported on this form):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

I. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
2			2		21			21		23			23	

TOTAL UNITS (Add only TOTAL of all "TOTAL Elderly / Non Elderly Units"):

23

If TOTAL UNITS is less than "Total Project Units" shown on HCD Schedule D1, report the remainder as instructed below.

Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:

Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:

Inside Project Area (Sch HCD-D3)

Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:

Without LMIHF (Sch HCD-D6)

No Assistance (Sch HCD-D7)

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SCHEDULE HCD-D6

OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITHOUT LMIHF)

(units not claimed on Schedule D-2,3,4,5,7)

(units without minimum affordability restrictions and/or units that agency or community does not control)

Agency: CDC - City of Vista

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Tenant Based Rental Assistance Program

Check only one:

- Inside Project Area Outside Project Area

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

- Agency Developed Non-Agency Developed

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

- Rental Owner-Occupied

Enter the number of units for each applicable activity below:

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

A. **New Construction Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

B. **Substantial Rehabilitation Units (increased value, inclusive of land, is > 25%):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

C. **Other Non-Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

D. **Acquisition Only:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

F. **Mobilehome Park Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

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Agency Name: CDC-City of Vista

Housing Project Name: Tenant Based Rental Assistance Program

**SCHEDULE HCD-D6
OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITHOUT LMIHF) (continued)**

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

G. Preservation of Public Assisted Rentals At-Risk of Converting to Market Rent (H&S 33334.2(e)(11)):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

H. Replacement of Public Assisted At-Risk Units Without LMIHF (H&S 33334.3(h)):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

I. Replacement of Other (not at-risk) Rental Units Without LMIHF (H&S 33334.3(f)(1)(A)):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

J. Subsidy (other than any activity already reported on this form):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

K. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL
					2				2	2				2

TOTAL UNITS (Add only **TOTAL** of all "TOTAL Elderly / Non Elderly Units"):

2

If TOTAL UNITS is less than "Total Project Units" shown on HCD Schedule D1, report the remainder as instructed below.

Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:

Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:

Inside Project Area (Sch HCD-D3)

Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:

With LMIHF (Sch HCD-D5)

No Assistance (Sch HCD-D7)

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**SCHEDULE HCD-D1
GENERAL PROJECT/PROGRAM INFORMATION**

For each different Project/Program (area/name/agency or nonagency dev/rental or owner), complete a D1 and applicable D2-D7.

Examples:

- 1: 25 minor rehab (Nonagency Dev): Area 1: 15 Owner; Area 2: 6 Rental; & Outside: 4 Rental. Complete 3 D-1s & 3 D-5s.
- 2: 20 sub rehab (nonrestricted): Area 3: 4 Agency Dev. Rentals; 16 Nonagency Dev. Rentals. Complete 2 D-1s & 2 D-5s.
- 3: 15 sub rehab (restricted): Area 4: 15 Nonagency Dev, Owner. Complete 1 D-1 & 1 D-3.
- 4: 10 new (Outside). 2 Agency Dev (restricted Rental), 8 Nonagency Dev (nonrestricted Owner) Complete 2 D-1s, 1 D-4, & 1 D-5.

Name of Redevelopment Agency: WV-CDC
 Identify Project Area or specify "Outside": Outside
 General Title of Housing Project/Program: Vista Hidden Valley Apartments
 Project/Program Address (optional): _____

Street: 777 Anns Way City: Vista ZIP: 92083

Owner Name (optional): Vista Hidden Valley Associates
 Total Project/Program Units: # 49 Restricted Units: # 49 Unrestricted Units: # _____

For projects/programs with no RDA assistance, do not complete any of below or any of HCD D2-D6. Only complete HCD-D7.

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(3)]? YES NO
 Number of units occupied by ineligible households (e.g. ineligible income/# of residents in unit) at FY end # 0
 Number of bedrooms occupied by ineligible persons (e.g. ineligible income/# of residents in unit) at FY end # 0
 Number of units restricted for special needs: (number must not exceed "Total Project Units") # _____
 Number of units restricted that are serving one or more Special Needs: # _____ Check, if data not available:
 (Note: A unit may serve multiple "Special Needs" below. Sum of all the below can exceed the "Number of Units" above)

# _____ DISABLED (Mental)	# _____ FARMWORKER (Permanent)	# _____ TRANSITIONAL HOUSING
# _____ DISABLED (Physical)	# _____ FEMALE HEAD OF HOUSHOLD	# <u>49</u> ELDERLY
# _____ FARMWORKER (Migrant)	# _____ LARGE FAMILY (4 or more Bedrooms)	# _____ EMERGENCY SHELTERS (allowable use <u>only</u> with "Other Housing Units Provided - Without LMIHF" Sch-D6)

Affordability and/or Special Need Use Restriction Term (enter day/month/year using digits, e.g. 07/01/2002):

	Replacement Housing Units	Inclusionary Housing Units	Other Housing Units Provided	
			With LMIHF	Without LMIHF
Restriction Start Date			<u>07/01/1995</u>	
Restriction End Date			<u>08/01/2005</u>	

Funding Sources:
 Redevelopment Funds: \$ 222,318
 Federal Funds: \$ _____
 State Funds: \$ _____
 Other Local Funds: \$ _____
 Private Funds: \$ _____
 Owner's Equity: \$ _____
 TCAC/Federal Award: \$ _____
 TCAC/State Award: \$ _____
 Total Development/Purchase Cost: \$ 222,318

Check all appropriate form(s) below that will be used to identify all of this Project's/Program's Units:

Replacement Housing Units (Sch HCD-D2) Inclusionary Units: Inside Project Area (Sch HCD-D3) Outside Project Area (Sch HCD-D4) Other Housing Units Provided: With LMIHF (Sch HCD-D5) Without LMIHF (Sch HCD-D6) No Agency Assistance (Sch HCD-D7)

SCHEDULE HCD-D5

OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF)

(units not claimed on Schedule D-2,3,4,6,7)

(lack minimum replacement or inclusionary restrictions and/or not controlled by agency or community)

Agency: COV CDC

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Vista Hidden Valley Apartments

Check only one:
 Inside Project Area Outside Project Area

Check only one. If both apply, complete a separate form for each (with another Sch-D1):
 Agency Developed Non-Agency Developed

Check only one. If both apply, complete a separate form for each (with another Sch-D1):
 Rental Owner-Occupied

Enter the number of units for each applicable activity below:

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

A. New Construction Units (non replacement/non inclusionary):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

B. Substantial Rehabilitation Units (value increase with land > 25% (non replacement/non inclusionary):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

C. Non-Substantial Rehabilitation Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

D. Acquisition of Units Only (non acquisition of affordability covenants for inclusionary credit):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

E. Mobilehome Owner / Resident:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

F. Mobilehome Park Owner / Resident:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

Agency Name: COV-CDC

Housing Project Name: Vista Hidden Valley Apts.

**SCHEDULE HCD-D5
OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITH LMIHF) (continued)**

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

G. Preservation (H&S 33334.2(e)(11) Threat of Public Assisted/Subsidized Rentals Converted to Market):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

H. Subsidy (other than any activity already reported on this form):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

I. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
49			49										49	

TOTAL UNITS (Add only TOTAL of all "TOTAL Elderly / Non Elderly Units"):

49

If TOTAL UNITS is less than Total Project Units shown on HCD Schedule D1, report the remainder as instructed below.

- Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:**
- Replacement Housing Units (Sch HCD-D2)
 - Inclusionary Units:
 - Inside Project Area (Sch HCD-D3)
 - Outside Project Area (Sch HCD-D4)
 - Other Housing Units Provided:
 - Without LMIHF (Sch HCD-D6)
 - No Assistance (Sch HCD-D7)

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**SCHEDULE HCD-D1
GENERAL PROJECT/PROGRAM INFORMATION**

For each different Project/Program (area/name/agency or nonagency dev/rental or owner), complete a D1 and applicable D2-D7.

Examples:

- 1: 25 minor rehab (Nonagency Dev): Area 1: 15 Owner; Area 2: 6 Rental; & Outside: 4 Rental. Complete 3 D-1s & 3 D-5s.
- 2: 20 sub rehab (nonrestricted): Area 3: 4 Agency Dev. Rentals; 16 Nonagency Dev. Rentals. Complete 2 D-1s & 2 D-5s.
- 3: 15 sub rehab (restricted): Area 4: 15 Nonagency Dev, Owner. Complete 1 D-1 & 1 D-3.
- 4: 10 new (Outside). 2 Agency Dev (restricted Rental), 8 Nonagency Dev (nonrestricted Owner) Complete 2 D-1s, 1 D-4, & 1 D-5.

Name of Redevelopment Agency: CDC - City of Vista
 Identify Project Area or specify "Outside": Outside
 General Title of Housing Project/Program: Vista Mobilhome Rental Assistance Program

Project/Program Address (optional):
 Street: Citywide City: Vista ZIP: 92081, 92083, 92084

Owner Name (optional): _____
 Total Project/Program Units: # 84 Restricted Units: # _____ Unrestricted Units: # 84

For projects/programs with no RDA assistance, do not complete any of below or any of HCD D2-D6. Only complete HCD-D7.

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(3)]? YES NO
 Number of units occupied by ineligible households (e.g. ineligible income/# of residents in unit) at FY end # 0
 Number of bedrooms occupied by ineligible persons (e.g. ineligible income/# of residents in unit) at FY end # 0
 Number of units restricted for special needs: (number must not exceed "Total Project Units") # 0
 Number of units restricted that are serving one or more Special Needs: # _____ Check, if data not available
 (Note: A unit may serve multiple "Special Needs" below. Sum of all the below can exceed the "Number of Units" above)

# _____ DISABLED (Mental)	# _____ FARMWORKER (Permanent)	# _____ TRANSITIONAL HOUSING
# _____ DISABLED (Physical)	# _____ FEMALE HEAD OF HOUSHOLD	# _____ ELDERLY
# _____ FARMWORKER (Migrant)	# _____ LARGE FAMILY (4 or more Bedrooms)	# _____ EMERGENCY SHELTERS (allowable use only with "Other Housing Units Provided - Without LMIHF" Sch-D6)

Affordability and/or Special Need Use Restriction Term (enter day/month/year using digits, e.g. 07/01/2002):

	Replacement Housing Units	Inclusionary Housing Units	Other Housing Units Provided	
			With LMIHF	Without LMIHF
Restriction Start Date				
Restriction End Date				

Funding Sources:

Redevelopment Funds: \$ _____
 Federal Funds: \$ _____
 State Funds: \$ _____
 Other Local Funds: In Lien Fees \$ 50,400
 Private Funds: \$ _____
 Owner's Equity: \$ _____
 TCAC/Federal Award: \$ _____
 TCAC/State Award: \$ _____
 Total Development/Purchase Cost: \$ 50,400

Check all appropriate form(s) below that will be used to identify all of this Project's/Program's Units:

- Replacement Housing Units (Sch HCD-D2)
- Inclusionary Units:
 - Inside Project Area (Sch HCD-D3)
 - Outside Project Area (Sch HCD-D4)
- Other Housing Units Provided:
 - With LMIHF (Sch HCD-D5)
 - Without LMIHF (Sch HCD-D6)
 - No Agency Assistance (Sch HCD-D7)

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SCHEDULE HCD-D6

OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITHOUT LMIHF)

(units not claimed on Schedule D-2,3,4,5,7)

(units without minimum affordability restrictions and/or units that agency or community does not control)

Agency: COV-CDC

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Vista Mobile Home Rental Assistance

Check only one:
 Inside Project Area Outside Project Area

Check only one. If both apply, complete a separate form for each (with another Sch-D1):
 Agency Developed Non-Agency Developed

Check only one. If both apply, complete a separate form for each (with another Sch-D1):
 Rental Owner-Occupied

Enter the number of units for each applicable activity below:

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

A. New Construction Units:

Elderly Units						Non Elderly Units					TOTAL Elderly & Non Elderly Units					
VLOW	LOW	MOD	AMOD	TOTAL		VLOW	LOW	MOD	AMOD	TOTAL		VLOW	LOW	MOD	AMOD	TOTAL

B. Substantial Rehabilitation Units (increased value, inclusive of land, is > 25%):

Elderly Units						Non Elderly Units					TOTAL Elderly & Non Elderly Units					
VLOW	LOW	MOD	AMOD	TOTAL		VLOW	LOW	MOD	AMOD	TOTAL		VLOW	LOW	MOD	AMOD	TOTAL

C. Other Non-Substantial Rehabilitation Units:

Elderly Units						Non Elderly Units					TOTAL Elderly & Non Elderly Units					
VLOW	LOW	MOD	AMOD	TOTAL		VLOW	LOW	MOD	AMOD	TOTAL		VLOW	LOW	MOD	AMOD	TOTAL

D. Acquisition Only:

Elderly Units						Non Elderly Units					TOTAL Elderly & Non Elderly Units					
VLOW	LOW	MOD	AMOD	TOTAL		VLOW	LOW	MOD	AMOD	TOTAL		VLOW	LOW	MOD	AMOD	TOTAL

E. Mobilehome Owner / Resident:

Elderly Units						Non Elderly Units					TOTAL Elderly & Non Elderly Units					
VLOW	LOW	MOD	AMOD	TOTAL		VLOW	LOW	MOD	AMOD	TOTAL		VLOW	LOW	MOD	AMOD	TOTAL
72				72		12				12		84				84

F. Mobilehome Park Owner / Resident:

Elderly Units						Non Elderly Units					TOTAL Elderly & Non Elderly Units					
VLOW	LOW	MOD	AMOD	TOTAL		VLOW	LOW	MOD	AMOD	TOTAL		VLOW	LOW	MOD	AMOD	TOTAL

**SCHEDULE HCD-D6
OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITHOUT LMIHF) (continued)**

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

G. Preservation of Public Assisted Rentals At-Risk of Converting to Market Rent (H&S 33334.2(e)(11):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

H. Replacement of Public Assisted At-Risk Units Without LMIHF (H&S 33334.3(h):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

I. Replacement of Other (not at-risk) Rental Units Without LMIHF (H&S 33334.3(f)(1)(A):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

J. Subsidy (other than any activity already reported on this form):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

K. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

TOTAL UNITS (Add only **TOTAL** of all "TOTAL Elderly / Non Elderly Units"):

84

If **TOTAL UNITS** is less than **Total Project Units** shown on **HCD Schedule D1**, report the remainder as instructed below.

Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:

- | | | |
|---|---|--|
| <input type="checkbox"/> Replacement Housing Units (Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:
<input type="checkbox"/> Inside Project Area (Sch HCD-D3)
<input type="checkbox"/> Outside Project Area (Sch HCD-D4) | Other Housing Units Provided:
<input type="checkbox"/> With LMIHF (Sch HCD-D5)
<input type="checkbox"/> No Assistance (Sch HCD-D7) |
|---|---|--|

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**SCHEDULE HCD-D1
GENERAL PROJECT/PROGRAM INFORMATION**

For each different Project/Program (area/name/agency or nonagency dev/rental or owner), complete a D1 and applicable D2-D7.

Examples:

- 1: 25 minor rehab (Nonagency Dev): Area 1: 15 Owner; Area 2: 6 Rental; & Outside: 4 Rental. Complete 3 D-1s & 3 D-5s.
- 2: 20 sub rehab (nonrestricted): Area 3: 4 Agency Dev. Rentals; 16 Nonagency Dev. Rentals. Complete 2 D-1s & 2 D-5s.
- 3: 15 sub rehab (restricted): Area 4: 15 Nonagency Dev, Owner. Complete 1 D-1 & 1 D-3.
- 4: 10 new (Outside). 2 Agency Dev (restricted Rental), 8 Nonagency Dev (nonrestricted Owner) Complete 2 D-1s, 1 D-4, & 1 D-5.

Name of Redevelopment Agency: CDC - City of Vista
 Identify Project Area or specify "Outside": Outside
 General Title of Housing Project/Program: Mortgage Credit Certificate Program
 Project/Program Address (optional): _____
 Street: Citywide City: Vista ZIP: 92081, 92063, 92084
 Owner Name (optional): _____
 Total Project/Program Units: # 5 Restricted Units: # _____ Unrestricted Units: # 5

For projects/programs with no RDA assistance, do not complete any of below or any of HCD D2-D6. Only complete HCD-D7.

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(3)]? YES NO
 Number of units occupied by ineligible households (e.g. ineligible income/# of residents in unit) at FY end # 0
 Number of bedrooms occupied by ineligible persons (e.g. ineligible income/# of residents in unit) at FY end # 0
 Number of units restricted for special needs: (number must not exceed "Total Project Units") # 0
 Number of units restricted that are serving one or more Special Needs: # _____ Check, if data not available
 (Note: A unit may serve multiple "Special Needs" below. Sum of all the below can exceed the "Number of Units" above)

# _____ DISABLED (Mental)	# _____ FARMWORKER (Permanent)	# _____ TRANSITIONAL HOUSING
# _____ DISABLED (Physical)	# _____ FEMALE HEAD OF HOUSHOLD	# _____ ELDERLY
# _____ FARMWORKER (Migrant)	# _____ LARGE FAMILY (4 or more Bedrooms)	# _____ EMERGENCY SHELTERS (allowable use <u>only</u> with "Other Housing Units Provided - Without LMIHF" Sch-D6)

Affordability and/or Special Need Use Restriction Term (enter day/month/year using digits, e.g. 07/01/2002):

	Replacement Housing Units		Inclusionary Housing Units		Other Housing Units Provided	
					With LMIHF	Without LMIHF
Restriction Start Date						
Restriction End Date						

Funding Sources:
 Redevelopment Funds: \$ _____
 Federal Funds: \$ _____
 State Funds: \$ _____
 Other Local Funds: \$ _____
 Private Funds: \$ _____
 Owner's Equity: \$ _____
 TCAC/Federal Award: \$ _____
 TCAC/State Award: \$ _____
 Total Development/Purchase Cost: \$ N/A - this is an individual owner tax credit

Check all appropriate form(s) below that will be used to identify all of this Project's/Program's Units:

<input type="checkbox"/> Replacement Housing Units (Sch HCD-D2)	<input type="checkbox"/> Inclusionary Units: <input type="checkbox"/> Inside Project Area (Sch HCD-D3) <input type="checkbox"/> Outside Project Area (Sch HCD-D4)	<input type="checkbox"/> Other Housing Units Provided: <input type="checkbox"/> With LMIHF (Sch HCD-D5) <input checked="" type="checkbox"/> Without LMIHF (Sch HCD-D6) <input type="checkbox"/> No Agency Assistance (Sch HCD-D7)
---	---	---

SCHEDULE HCD-D6

OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITHOUT LMIHF)

(units not claimed on Schedule D-2,3,4,5,7)

(units without minimum affordability restrictions and/or units that agency or community does not control)

Agency: CNC-COV

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: MCC

Check only one:

- Inside Project Area Outside Project Area

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

- Agency Developed Non-Agency Developed

Check only one. If both apply, complete a separate form for each (with another Sch-D1):

- Rental Owner-Occupied

Enter the number of units for each applicable activity below:

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

A. **New Construction Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

B. **Substantial Rehabilitation Units (increased value, inclusive of land, is > 25%):**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

C. **Other Non-Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

D. **Acquisition Only:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL
						4	1				4	1		5

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

F. **Mobilehome Park Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

Agency Name: CDC - COV

Housing Project Name: MCC

**SCHEDULE HCD-D6
OTHER HOUSING UNITS PROVIDED (AGENCY ASSISTANCE WITHOUT LMIHF) (continued)**

Note: "INELG" refers to a household that is no longer eligible but still a temporary resident and part of the total

G. Preservation of Public Assisted Rentals At-Risk of Converting to Market Rent (H&S 33334.2(e)(11)):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

H. Replacement of Public Assisted At-Risk Units Without LMIHF (H&S 33334.3(h)):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

I. Replacement of Other (not at-risk) Rental Units Without LMIHF (H&S 33334.3(f)(1)(A)):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

J. Subsidy (other than any activity already reported on this form):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

K. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL	VLOW	LOW	MOD	AMOD	TOTAL

TOTAL UNITS (Add only TOTAL of all "TOTAL Elderly / Non Elderly Units"): 5

If TOTAL UNITS is less than Total Project Units shown on HCD Schedule D1, report the remainder as instructed below.

- Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:
- | | | |
|---|---|---|
| <input type="checkbox"/> Replacement Housing Units (Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:
<input type="checkbox"/> Inside Project Area (Sch HCD-D3)
<input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input type="checkbox"/> Other Housing Units Provided:
<input type="checkbox"/> With LMIHF (Sch HCD-D5)
<input type="checkbox"/> No Assistance (Sch HCD-D7) |
|---|---|---|

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SCHEDULE HCD-D7

HOUSING UNITS PROVIDED (NO AGENCY ASSISTANCE)

(units not claimed on Schedule D-2,3,4,5,6)

Agency: Community Development Commission - City of Vista
Redevelopment Project Area Name, or "Outside": Vista Redevelopment Project
Housing Project Name: _____

NOTE: On this form, only report UNITS NOT REPORTED on HCD-D2 through HCD-D6 for project/program units that have not received any agency assistance. Agency assistance includes either financial assistance (LMIHF or other agency funds) or nonfinancial assistance (design, planning, etc.) provided by agency staff. In some cases, of the total units reported on HCD D1, a portion of units in the same project/program may be agency assisted (reported on HCD-D2 through HCD-D6) whereas other units may be unassisted by the agency (reported on HCD-D7).

The intent of this form is to: (1) reconcile any difference between total project/program units reported on HCD-D1 compared to the sum of all the project's/program's units reported on HCD-D2 through HCD-D6, and (2) account for other (nonassisted) housing units provided inside a project area that increases the agency's inclusionary obligation. Reporting nonagency assisted projects outside a project area is optional, if units do not make-up any part of total units reported on HCD-D1.

HCD-D7 Reporting Examples

Example 1 (reporting partial units): A new 100 unit project was built (reported on HCD-D1, Inside or Outside a project area). Fifty (50) units received agency assistance [30 affordable LMIHF units (reported on either HCD-D2, D3, D4, or D5) and 20 above moderate units were funded with other agency funds (reported on HCD-D6)]. The remaining 50 (privately financed and developed market-rate units) must be reported on HCD-D7 to make up the difference between 100 reported on D1 and 50 reported on D2-D6).

Example 2 (reporting all units): Inside a project area a condemned, historic property was substantially rehabilitated (multi-family or single-family), funded by tax credits and other private financing without any agency assistance.

Check whether Inside or Outside Project Area in completing applicable information below:

Inside Project Area

N/A

Enter the number for each applicable activity:

New Construction Units:

Substantial Rehabilitation Units:

Total Units:

Outside Project Area

N/A

Enter the number for each applicable activity:

New Construction Units:

Substantial Rehabilitation Units:

Total Units:

Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:

Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:

Inside Project Area (Sch HCD-D3)

Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:

With LMIHF (Sch HCD-D5)

Without LMIHF (Sch HCD-D6)

N/A

STATEMENT OF INDEBTEDNESS - CONSOLIDATED
FILED FOR THE 2004 - 2005 TAX YEAR

Cover Page

Name of Redevelopment Agency Community Development Commission of the City of Vista
 Name of Project Area Vista Redevelopment Project

Balances Carried Forward From:	Line	Current	
		Total Outstanding Debt	Principal/Interest Due During Tax Year
Fiscal Period - Totals (From Form A, Page 1 Totals)	(1)	134,182,737	4,499,538
(Optional) Post Fiscal Period - Totals (From Form B, Page 1 Totals)	(2)	-	-
Grand Totals	(3)	134,182,737	4,499,538
Available Revenues From Calculation of Available Revenues, Line 7	(4)	1,158,768	
Net Requirement	(5)	133,023,969	

Consolidate on this form all of the data contained on Form A and B (including supplemental pages). Form A is to include all indebtedness entered into as of June 30 of the Fiscal Year. Form B may be filed at the option of the Agency, and is to include indebtedness entered into post June 30 of the Fiscal Year, pursuant to Health and Safety Code section 33675(c)(2). This is optional for each agency and is not a requirement for filing the Statement of Indebtedness. The Reconciliation Statement is to include indebtedness from Form A only.

Certification of Chief Financial Officer:	<u>Date R. Nielsen</u>	<u>Finance Manager</u>
Pursuant to Section 33675(b) of the Health and Safety Code, I hereby certify that the above is a true and accurate Statement of Indebtedness for the above named agency.	Name <u>Rick Nielsen</u>	Title <u>9/29/2004</u>
	Signature	Date

STATEMENT OF INDEBTEDNESS - FISCAL YEAR INDEBTEDNESS FILED FOR THE 2004 - 2005 TAX YEAR

Name of Redevelopment Agency Community Development Commission of the City of Vista
 Name of Project Area Vista Redevelopment Project

For Indebtedness Entered into as of June 30, 2004.

Debt Identification	Original Data				Current		
	Date	Principal	Term	Interest Rate	Total Interest	Total Outstanding Debt	Principal/Interest Due During Tax Year
(A) 1995 Tax Allocation Bonds	10/95	32,550,000	30yrs	Var	35,359,032	49,996,550	2,293,095
(B) Note Payable - City of Vista	12/93	1,184,714	open	6%	open	1,719,745	—
(C) Vista 1991 Lease Revenue Bonds	5/97	6,309,419	14yrs	Var	3,840,029	6,413,352	533,579
(D) City Loan - Rancho Buena Vista	8/89	2,135,000	open	Var	open	4,445,909	—
(E) 1998 Tax Allocation Bonds	6/98	14,580,000	30yrs	Var	18,409,832	28,475,812	870,797
(F) Loan - Hacienda Land	10/00	4,631,881	open	Var	open	3,914,599	—
(G) City Loan No. 2001-01	6/01	497,000	open	Var	open	534,039	—
(H) 2001 Tax Allocation Bonds	5/01	12,150,000	36yrs	Var	20,412,672	30,566,585	759,114
(I) City Loan 2001-02	12/01	511,697	open	Var	open	541,457	—
(J) City Loan 2002-01	5/02	400,000	open	Var	open	418,234	—
Sub Total, This Page						127,032,370	4,454,585
Totals Forward From All Other Pages						7,156,367	244,953
Totals, Fiscal Year Indebtedness						134,188,737	4,699,538

Purpose of Indebtedness:

- (A) Public Improvements
 - (B) Land Acquisition
 - (C) Public Improvements
 - (D) Historical Site Acquisition
 - (E) Public Improvements
 - (F) Land Acquisition
 - (G) Public Improvements
 - (H) Public Improvements
 - (I) Site Acquisition
 - (J) Site Development Costs
- Rev. 7/6/2000

STATEMENT OF INDEBTEDNESS - FISCAL YEAR INDEBTEDNESS

FILED FOR THE 2004 - 2005 TAX YEAR

Name of Redevelopment Agency Community Development Commission of the City of Vista
 Name of Project Area Vista Redevelopment Project

For Indebtedness Entered into as of June 30, 2004.

	Original Data				Current			
	Debt Identification	Date	Principal	Term	Interest Rate	Total Interest	Total Outstanding Debt	Principal/Interest Due During Tax Year
(A)	Promissory Note	11/01	1,250,000	10 yrs	8%	612,869	1,490,295	186,287
(B)	Promissory Note	02/02	400,000	10 yrs	8%	186,662	469,330	58,666
(C)	City Loan 2002-03	11/02	244,953	open	Var	open	578,967	
(D)	City Loan 2002-02	12/02	4,462,015	open	Var	open	4,617,775	
(E)								
(F)								
(G)								
(H)								
(I)								
(J)								
(K)								
(L)								
Total, This Page							7,156,867	244,953

Purpose of Indebtedness:

- (A) Site Development Costs (G)
- (B) Site Development Costs (H)
- (C) Development Agreement Payments (I)
- (D) Public Improvements (J)
- (E) _____ (K)
- (F) _____ (L)

RECONCILIATION STATEMENT - CHANGES IN INDEBTEDNESS

Name of Agency Community Development Commission of the City of Vista
 Name of Project Area Vista Redevelopment Project

Tax Year FY 2004-2005 Reconciliation Dates From July 1, 03 To June 30, 04.

Debt Identification:		A	B		C	D		E	F
			Increases	Decreases		Amounts Paid Against Indebtedness, from:	Other Funds		
SOI page and line:	Brief Description	Outstanding Debt All Beginning Indebtedness	(Attach Explanation)	(Attach Explanation)	Tax Increment	Remaining Balance (A+B-C-D-E)			
Prior Yr	Current Yr								
Pg 1	Line A	52,207,560	03/04 Admin Costs 16,245		2,307,247	19,996,558			
Pg 1	Line B	1,619,572	03/04 Interest 100,173			1,719,745			
Pg 1	Line C	6,946,815	03/04 Admin Costs 3,265		536,728	6,413,352			
Pg 1	Line D	4,360,950	03/04 Interest 85,039			4,445,989			
Pg 1	Line E	29,352,758	03/04 Admin Costs 8,363		885,309	28,475,812			
Pg 1	Line F	2,645,763	03/04 Interest 73,684						
Pg 1	Line G	4,090,901	03/04 Interest 73,698			250,000			
Pg 1	Line H	519,999	03/04 Interest 14,040			534,039			
TOTAL - THIS PAGE		101,824,318	374,507		3,729,284	95,500,094			
TOTALS FORWARD		39,198,350	8,240,203		8,755,910	38,682,643			
GRAND TOTALS		141,022,668	8,614,710		12,485,194	134,182,737			

NOTE: This form is to reconcile the previous Statement of Indebtedness to the current one being filed. However, since the reconciliation period is limited by law to a July 1 - June 30 fiscal year period, only those items included on the SOI Form A is to be included on this document. To assist in following each item of indebtedness from one SOI to the next, use page and line number references from each SOI that the item of indebtedness is listed on. If the indebtedness is new to this fiscal year, enter "new" in the "Prior Yr" page and line columns. Column F must equal the current SOI, Form A Total Outstanding Debt column.

RECONCILIATION STATEMENT - CHANGES IN INDEBTEDNESS

Name of Agency Community Development Commission of the City of Vista
 Name of Project Area Vista Redevelopment Project

Tax Year FY 2004-2005 Reconciliation Dates From July 1, 03 To June 30, 04.

Debt Identification:	Brief Description	A Outstanding Debt All Beginning Indebtedness	B Adjustments		C Decreases (Attach Explanation)	D Amounts Paid Against Indebtedness, from: Tax Increment	E Other Funds	F Remaining Balance (A+B-C-D-E)
			Increases (Attach Explanation)	Decreases (Attach Explanation)				
Pg 1 Line H	2001 Tax Allocation Bonds	31,316,099	03/04 Admin Costs 4,942	-	754,456	-	30,566,585	
Pg 1 Line J	City Loan 2001-02	527,222	03/04 Interest 14,235	-	-	-	541,457	
Pg 2 Line A	City Loan 2002-01	407,239	03/04 Interest 10,995	-	-	-	418,234	
Pg 2 Line B	Permissory Note	1,676,582	-	-	186,287	-	1,490,295	
Pg 2 Line C	Permissory Note	527,996	-	-	58,666	-	469,330	
Pg 2 Line D	City Loan 2002-03	246,039	03/04 Prin. 320,467 Int. 11,661	-	-	-	578,967	
Pg 2 Line E	City Loan 2002-02	4,446,373	03/04 Interest 121,402	-	-	-	4,617,775	
Pg Line	Administrative Advances	-	03/04 Change 474,774	-	474,774	-	-	
Pg Line	Developer Agreements	-	03/04 Change 1,692,257	-	1,692,257	-	-	
Pg Line	Vista Unified Passthrough	-	03/04 Change 1,341,561	-	1,341,561	-	-	
Pg Line	San Marcos Unified Passthrough	-	03/04 Change 55,042	-	55,042	-	-	
Pg Line	Palomar Passthrough	-	03/04 Change 39,926	-	39,926	-	-	
TOTAL- THIS PAGE		39,198,350	4,087,262	-	4,602,969	-	38,682,643	

CALCULATION OF AVAILABLE REVENUES

AGENCY NAME Community Development Commission of the City of Vista

PROJECT AREA Vista Redevelopment Project

TAX YEAR FY 2004-2005

RECONCILIATION DATES: JULY 1, 03 TO JUNE 30, 04

Beginning Balance, Available Revenues (See Instructions)	1.	<u>2,144,807</u>
Tax Increment Received - Gross All Tax Increment Revenues, to include any Tax Increment passed through to other local taxing agencies.	2.	<u>11,271,079</u>
All other Available Revenues Received (See Instructions)	3.	<u>228,076</u>
Revenues from any other source, included in Column E of the Reconciliation Statement, but not included in (1-3) above	4.	<u>2,969,447</u>
Sum of Lines 1 through 4	5.	<u>16,613,409</u>
Total amounts paid against indebtedness in previous year. (D + E on Reconciliation Statement)	6.	<u>15,454,641</u>
Available Revenues, End of Year (5 - 6)	7.	<u><u>1,158,768</u></u>

**FORWARD THIS AMOUNT TO STATEMENT OF
INDEBTEDNESS, COVER PAGE, LINE 4**

NOTES

Tax Increment Revenues:

The only amount(s) to be excluded as Tax Increment Revenue are any amounts passed through to other local taxing agencies pursuant to Health and Safety Code Section 33676. Tax Increment Revenue set-aside in the Low and Moderate Income Housing Fund will be washed in the above calculation, and therefor omitted from Available Revenues at year end.

Item 4. above:

This represents any payments from any source other than Tax Increment OR available revenues. For instance, an agency funds a project with a bond issue. The previous SOI included a Disposition Development Agreement (DDA) which was fully satisfied with these bond proceeds. The DDA would be shown on the Reconciliation Statement as fully repaid under the "other" column (Col E), but with funds that were neither Tax Increment, nor "Available Revenues" as defined. The amounts used to satisfy this DDA would be included on line 4 above in order to accurately determine ending "Available Revenues."