

# ANNUAL REPORT OF FINANCIAL TRANSACTIONS OF COMMUNITY REDEVELOPMENT AGENCIES

TO: STATE CONTROLLER  
 DIVISION OF ACCOUNTING AND REPORTING  
 LOCAL GOVERNMENT REPORTING SECTION  
 REDEVELOPMENT REPORTING UNIT  
 P. O. BOX 942850  
 SACRAMENTO, CA 94250

EXPRESS MAIL ADDRESS:  
 3301 C STREET, SUITE 700  
 SACRAMENTO, CA 95816

PHONE: (916) 445-5153

FISCAL YEAR ENDED  
June 30, 19 99  
 DUE WITHIN SIX MONTHS OF THE  
 AGENCY'S FISCAL YEAR END.

STATE USE ONLY	
	BATCH NO
	REVIEWED
	CLEARED

COUNTY	
MAILING ADDRESS <span style="float: right;">(PLEASE AFFIX LABEL AND CORRECT TH</span>	
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(	
<b>37958000</b> VISTA COMMUNITY DEVELOPMENT COMMISSION P. O. BOX 1988 600 EUCALYPTUS VISTA, CA 92085-1988	

LOCATION: (STREET ADDRESS) (IF DIFFERENT FROM ABOVE)

CITY STATE

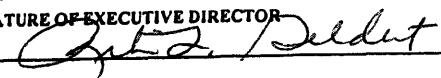
AGENCY ORGANIZATION		GOVERNMENT
<input type="checkbox"/>	REDEVELOPMENT AGENCY (H&S CODE 33100)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	COMMUNITY DEVELOPMENT COMMISSION (H&S CODE 34110)	<input type="checkbox"/>

### MEMBERS OF THE GOVERNING BODY

CHAIRPERSON	MEMBER
Gloria McClellan	
MEMBER Ed Estes Jr.	MEMBER
MEMBER Ted Cole	MEMBER
MEMBER Dick Cooke	MEMBER
MEMBER Judy Ritter	MEMBER

REPORT PREPARED (CONTACT PERSON) PHONE  
 BY: Dale Nielsen (760)

STREET ADDRESS  
600 Eucalyptus Avneue  
 CITY  
Vista STATE  
CA

SIGNATURE OF EXECUTIVE DIRECTOR  
  
 NAME  
Rita Geldert TITLE

FIRM NAME INDEPENDENT AUDITOR  
Calderon, Jaham & Osborn

### AGENCY OFFICIALS

EXECUTIVE OFFICER <u>Rita Geldert</u>	PHONE <u>(760)</u>	726-1340
FISCAL OFFICER <u>Barbara Underwood</u>	PHONE <u>(760)</u>	726-1340
SECRETARY <u>Jo Seibert</u>	PHONE <u>(760)</u>	726-1340

CONTACT PERSON PHONE  
Thomas Saiz (619)

STREET ADDRESS  
600 "B" Street  
 CITY  
San Diego STATE  
CA



## **Redevelopment Activities**

During FY 98-99, Redevelopment staff implemented a number of projects. The Commission approved a Disposition Development Agreement (DDA) with DDR Oliver McMillan for the 37 acre Vista Village Downtown Redevelopment Project. The project will be completed within three years or fiscal year 2000-01. The Commission will be investing over \$40 million dollars to acquire property, construction public improvements, complete a new multi-modal transit center, and transform a concrete drainage channel into a beautiful creek walk. During fiscal year 1998-99 the Commission completed following activities for Vista Village:

- Received Planning Commission approvals and amended Specific Plan 26
- Completed working drawings and the bid package for the public improvement
- Adopted a relocation plan for the Vista Village project
- Commenced acquisition and relocation activities
- Completed negotiations with the North County Transit District for the construction of a new multi-modal transit center
- Submitted the application to the Public Utilities Commission for the closure of the Broadway Street railroad crossing

In addition to the Vista Village Project, the Commission has completed the following activities:

- The Vista Way/Jefferson Street realignment project is expected to be completed in FY 1999/00. This project will re-route through traffic around the downtown, allowing the creation of a pedestrian Main Street.
- Revitalization of an older portion of old East Vista Way to become a beautifully landscaped, pedestrian-friendly "Main Street". Main Street will become the pedestrian and vehicular connection with Vista Village. A consultant was selected during fiscal year 1998-99 to prepare the plans and specifications for the construction of Main Street .
- The Commission completed the site assemblage and pad preparation of the Downtown Demonstration Block. The Commission is finalizing site preparation to commence marketing of the site during fiscal year 1999-00.
- The Commission assisted six owners with Commercial Property Improvement loans/grants.
- An architectural firm was selected to design the expansion of the Brengle Terrace Senior Center.
- Additional funding was committed for the completion of the Brengle Terrace Detention Basin and creek mitigation on the Hacienda/Gateway project.
- Replacement locations for the Downtown Community Center activities were selected.
- A public parking lot on along South Santa Fe was construction.
- The Commission also completed the amendment of the Vista Redevelopment Plan.

## **Housing Fund Programs**

Sycamore Creek Mobile Home Park – The Agency provides an operating subsidy to maintain affordable housing at Sycamore Creek. The City maintains affordable rents and has conducted surveys of the residents documenting household income. Out of the 115 spaces at Sycamore Creek, 38 are vacant, 17 are occupied by recreational vehicles, and low-income permanent residents occupy 60. In the future, the City Council will be considering a long-term strategy for Sycamore Creek.

Casa Base – The Agency provided a combination of loan and grant funding to Alpha Project from the Set-Aside Housing Fund for the purchase of a 12-unit apartment complex to be used as transitional housing for homeless men. In FY 1998-99 the project was in the process of relocating existing residents and rehabilitation. The project became operational after the current reporting period.

Nettleton /Cedar Road Housing – The Nettleton Road project completed construction at the end of FY 1998-99. This Project completes the second phase of the Cedar Road Project, developed by Community Housing of North County. Nettleton Road is a 28 unit affordable housing complex, and Cedar Road is a 40 unit affordable housing complex. Funding for the two projects are combination of a residual receipts note and loans from the Housing Fund. The project includes a combination of permanent and transitional housing with a community room that serves as a day care center.

Housing Rehabilitation Program – The Commission provides deferred and amortized loans at below-market interest rates to eligible single-family homeowners to make needed repairs to their residences. This program was previously administered by the County of San Diego and is now administered by the City of Vista. During the reporting period the City established the City administered program and assisted 1 household.

Mobile Home Rehabilitation Program – This program provided low/moderate income mobile home households with needed repairs. The program was originally administered by the County of San Diego and funded through the Housing Fund. The City of Vista currently administers the program utilizing HOME funds. The program has served 10 households during the reporting period.

Vista Home Ownership Program – During the reporting period the Commission re-established this program with new administrative guidelines to assist households to purchase homes by providing down payment and closing cost assistance. No households were assisted during the reporting period because the program was being set-up.

Hacienda Project - On January 13, 1999, the City issued a Request for Qualifications (RFQ) soliciting a developer for the Hacienda Drive property (Hacienda-Gateway property). As a result of the RFQ, the City was negotiating an Exclusive Negotiation Agreement with Olson Co. during the reporting period.

Vista Manor Mobile Home Park – The Commission provided gap financing to assist a non-profit to purchase a mobile home park in exchange for guaranteeing affordability on 120 mobile home spaces.

## ANNUAL REPORT OF FINANCIAL TRANSACTIONS OF COMMUNITY REDEVELOPMENT AGENCIES AUDIT INFORMATION

I. WAS THE REPORT PREPARED FROM AUDITED FINANCIAL DATA?	A. <input checked="checked" type="checkbox"/> YES	B. <input type="checkbox"/> NO
	DID YOU SUBMIT A COPY OF THE AUDIT?	A. <input type="checkbox"/> YES

II. INDICATE FINANCIAL AUDIT OPINION.	A. <input checked="checked" type="checkbox"/> UNQUALIFIED	B. <input type="checkbox"/> QUALIFIED
	C. <input type="checkbox"/> ADVERSE	D. <input type="checkbox"/> DISCLAIMER
E. <input type="checkbox"/> AUDIT INCOMPLETE		IF THE AUDIT OPINION WAS OTHER THAN UNQUALIFIED, STATE BRIEFLY THE REASON GIVEN. _____
		EXPECTED COMPLETION DATE _____

III. WAS A COMPLIANCE AUDIT PERFORMED IN ACCORDANCE WITH HEALTH & SAFETY CODE SECTION 33080.1 AND THE STATE CONTROLLER'S GUIDELINES FOR COMPLIANCE AUDITS?	A. <input checked="checked" type="checkbox"/> YES	B. <input type="checkbox"/> NO
	DID YOU SUBMIT A COPY OF THE AUDIT?	A. <input checked="checked" type="checkbox"/> YES

IV. INDICATE COMPLIANCE AUDIT OPINION	A. <input type="checkbox"/> UNQUALIFIED	B. <input checked="checked" type="checkbox"/> POSITIVE/NEGATIVE NO EXCEPTIONS
	C. <input type="checkbox"/> POSITIVE/NEGATIVE WITH EXCEPTIONS	D. <input type="checkbox"/> QUALIFIED
	E. <input type="checkbox"/> ADVERSE	F. <input type="checkbox"/> DISCLAIMER
	G. <input type="checkbox"/> COMPLIANCE AUDIT INCOMPLETE	EXPECTED COMPLETION DATE: _____

V. IF SECTION IV. IS OTHER THAN A BELOW THE AREAS OF NON-COM ATTACH ADDITIONAL PAGE IF NECESS

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OPINION  
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OPINION

**BALANCE SHEET**

FISCAL YEAR ENDED June 30, 19 99

AGENCY NAME Vista Community Development Commission

ASSETS & OTHER DEBITS		A	B	C	D	E
		CAPITAL PROJECTS FUNDS	DEBT SERVICE FUNDS	LOW/MODERATE INCOME HOUSING FUNDS	SPECIAL REVENUE/OTHER FUNDS	GENERAL LONG-TERM DEBT
CASH & IMPREST CASH	1.0	\$ 10,642,489	\$ 1,285,694	\$ 2,187,891	\$	
CASH WITH FISCAL AGENT	2.0	1,778,688	9,479,440			
TAX INCREMENTS RECEIVABLE	3.0		146,377	36,594		
ACCOUNTS RECEIVABLE	4.0					
ACCRUED INTEREST RECEIVABLE	5.0					
LOANS RECEIVABLE	6.0	815,455		125,000		
CONTRACTS RECEIVABLE	7.0					
LEASE PAYMENTS RECEIVABLE	8.0				\$	
UNEARNED FINANCE CHARGE	9.0					
DUE FROM CAPITAL PROJECTS FUND	10.0					
DUE FROM DEBT SERVICE FUND	11.0					
DUE FROM LOW/MODERATE INCOME HOUSING FUND	12.0					
DUE FROM SPECIAL REVENUE/OTHER FUNDS	13.0					
INVESTMENTS	14.0					
OTHER ASSETS	15.0	1,581				
INVESTMENT-LAND HELD FOR RESALE	16.0					
ALLOWANCE FOR DECLINE IN VALUE OF LAND HELD FOR RESALE	16.1					
FIXED ASSETS: LAND, STRUCTURES & IMPROVEMENTS	17.0					\$
EQUIPMENT	18.0					
AMOUNT AVAILABLE IN DEBT SERVICE FUND	19.0					10,433,742
AMOUNT TO BE PROVIDED FOR PAYMENT OF LONG-TERM DEBT	20.0					51,939,558
<b>TOTAL ASSETS &amp; OTHER DEBITS</b>	<b>21.0</b>	<b>\$ 13,238,213</b>	<b>\$ 10,911,511</b>	<b>\$ 2,349,485</b>	<b>\$</b>	<b>\$ 62,373,300</b>

(MUST EQUAL PAGE (4), LINE 40)

**BALANCE SHEET**

AGENCY NAME Vista Community Development Commission

FISCAL YEAR ENDED June 30, 19 99

		A	B	C	D	E
LIABILITIES & OTHER CREDITS		CAPITAL PROJECTS FUNDS	DEBT SERVICE FUNDS	LOW/MODERATE INCOME HOUSING FUNDS	SPECIAL REVENUE/OTHER FUNDS	GENERAL LONG-TERM DEBT
ACCOUNTS PAYABLE	22.0	\$ 464,689	\$ 316,510	\$ 11,228	\$	
INTEREST PAYABLE	23.0					\$
TAX ANTICIPATION NOTES PAYABLE	24.0					
LOANS PAYABLE	25.0					
OTHER LIABILITIES	26.0	14,298	161,259	2,740		
DUE TO CAPITAL PROJECTS FUND	27.0					
DUE TO DEBT SERVICE FUND	28.0					
DUE TO LOW/MODERATE INCOME HOUSING FUND	29.0					
DUE TO SPECIAL REVENUE/OTHER FUNDS	30.0					
TAX ALLOCATION BONDS PAYABLE	31.0					49,540,000
LEASE REVENUE BONDS/CERTIFICATES OF PARTICIPATION PAYABLE	32.0					12,833,300
OTHER LONG-TERM DEBT	33.0					
<b>TOTAL LIABILITIES &amp; OTHER CREDITS</b>	<b>34.0</b>	<b>\$ 478,987</b>	<b>\$ 477,769</b>	<b>\$ 13,968</b>	<b>\$</b>	<b>\$ 62,373,300</b>
<b>EQUITIES</b>						
INVESTMENT IN GENERAL FIXED ASSETS	35.0				\$	\$
FUND BALANCE RESERVED	36.0	\$ 958,095	\$ 10,433,742	\$ 855,589		
FUND BALANCE UNRESERVED-DESIGNATED	37.0	7,388,894		725,720		
FUND BALANCE UNRESERVED-UNDESIGNATED	38.0	4,412,237		754,208		
TOTAL EQUITIES (MUST EQUAL PAGE 05, LINE 51)	39.0	\$ 12,759,226	\$ 10,433,742	\$ 2,335,517	\$	\$
<b>TOTAL LIABILITIES OTHER CREDITS &amp; EQUITIES</b>	<b>40.0</b>	<b>\$ 13,238,213</b>	<b>\$ 10,911,511</b>	<b>\$ 2,349,485</b>	<b>\$</b>	<b>\$ 62,373,300</b>

**INCOME STATEMENT - CONSOLIDATED**

Vista Community Development Commission

FISCAL YEAR ENDED

AGENCY NAME  
June 30, 1999

REVENUES		A	B	C	D
		CAPITAL PROJECTS FUNDS	DEBT SERVICE FUNDS	LOW/MODERATE INCOME HOUSING * FUNDS	SPECIAL REVENUE/OTHER FUNDS
TAX INCREMENT - GROSS (INCLUDE ALL APPORTIONMENTS)	1.0	\$	\$ 4,938,506	\$ 1,234,627	\$
SPECIAL SUPPLEMENTAL SUBVENTION	2.0				
PROPERTY ASSESSMENTS	3.0				
SALES & USE TAX	4.0				
TRANSIENT OCCUPANCY TAX	4.1				
INTEREST INCOME	5.0	488,936	475,261	154,316	
RENTAL INCOME	6.0	269,772			
LEASE INCOME	7.0				
SALE OF REAL ESTATE GAIN ON LAND HELD FOR RESALE	8.0				
	8.1				
FEDERAL GRANTS	9.0				
GRANTS FROM OTHER AGENCIES	10.0				
BOND ADMINISTRATIVE FEES	11.0				
OTHER REVENUES	12.0				
<b>TOTAL REVENUES</b>	<b>13.0</b>	<b>758,708</b>	<b>5,413,767</b>	<b>1,388,943</b>	
<b>EXPENDITURES</b>					
ADMINISTRATION COSTS	14.0	\$ 1,072,337	\$	\$ 207,382	\$
PROFESSIONAL SERVICES	15.0	555,716		63,324	
PLANNING, SURVEY & DESIGN	16.0	403,861			
REAL ESTATE PURCHASES	17.0				
EXPENDITURES SUB-TOTAL (CARRY TO LINE 19)	(18.0)	\$ 2,031,914	\$	\$ 270,706	\$

\* In order to ensure consistency, the amounts reported in the Low and Moderate Income Housing Fund should form the basis for the data reported to the Department of Housing and Community Development on Schedules HCD-A and HCD-C.



**INCOME STATEMENT - CONSOLIDATED**

Vista Community Development Commission

FISCAL YEAR ENDED June 30, 19 99

AGENCY NAME

EXPENDITURES (CON'T)		A	B	C	D
		CAPITAL PROJECTS FUNDS	DEBT SERVICE FUNDS	LOW/MODERATE INCOME HOUSING * FUNDS	SPECIAL REVENUE/OTHER FUNDS
SUB-TOTAL (FROM LINE 18)	(19.0)	\$ 2,031,914	\$	\$ 270,706	\$
ACQUISITION EXPENSE	20.0	402,487		580,425	
OPERATION OF ACQUIRED PROPERTY	21.0				
RELOCATION COSTS	22.0				
RELOCATION PAYMENTS	23.0	1,011,003			
SITE CLEARANCE COSTS	24.0	166,220			
PROJECT IMPROVEMENT/ CONSTRUCTION COSTS	25.0	9,847,295		393,826	
DISPOSAL COSTS	26.0				
LOSS ON DISPOSITION OF LAND HELD FOR RESALE	26.1				
DECLINE IN VALUE OF LAND HELD FOR RESALE	26.2	34,354		7,699	
REHABILITATION COSTS	27.0				
REHABILITATION GRANTS	28.0				
INTEREST EXPENSE	29.0		2,759,540		
FIXED ASSET ACQUISITIONS	30.0				
SUBSIDIES TO LOW & MODERATE INCOME HOUSING	31.0				
DEBT ISSUANCE COSTS	31.1	24,012			
OTHER EXPENDITURES INCLUDING PASS THROUGH PAYMENT(S)	32.0		2,033,118		
<b>DEBT PRINCIPAL PAYMENTS:</b>			525,000		
TAX ALLOCATION BONDS & NOTES	33.0				
REVENUE BONDS & CERTIFICATES OF PARTICIPATION	34.0				
CITY/COUNTY ADVANCES & LOANS	35.0		1,705,140		
U. S., STATE, & OTHER LONG-TERM DEBT	36.0				
<b>TOTAL EXPENDITURES</b>	37.0	\$ 13,517,285	\$ 7,022,798	\$ 1,484,865	\$

\* *In order to ensure consistency, the amounts reported in the Low and Moderate Income Housing Fund should form the basis for the data reported to the Department of Housing and Community Development on Schedules HCD-A and HCD-C.*

**INCOME STATEMENT - CONSOLIDATED**  
**AGENCY NAME**

Vista Community Development Commission

FISCAL YEAR ENDED June 30, 19 99

		A	B	C	D
EXPENDITURES (CONT)		CAPITAL PROJECTS FUNDS	DEBT SERVICE FUNDS	LOW/MODERATE INCOME HOUSING *FUNDS	SPECIAL REVENUE/OTHER FUNDS
EXCESS (DEFICIENCY) REVENUES OVER (UNDER) EXPENDITURES	38.0	\$ (12,758,597)	\$ (1,609,031)	\$ (95,922)	\$
OTHER FINANCING SOURCES (USES)	39.0	7,846,288			
PROCEEDS OF LONG-TERM DEBT					
PROCEEDS OF REFUNDING BONDS	39.1				
PAYMENT TO REFUNDED BOND ESCROW AGENT	39.2	( )	( )	( )	( )
ADVANCES FROM CITY/COUNTY	40.0	1,705,140			
SALE OF FIXED ASSETS	41.0				
MISCELLANEOUS FINANCING SOURCES (USES)	41.1	3,370,881	250,040	270,741	
OPERATING TRANSFERS IN	42.0	6,330,194	2,453,132		
TAX INCREMENT TRANSFERS IN (LOW & MOD HOUSING FUND)	42.1				
OPERATING TRANSFERS OUT	43.0	( 2,736,511 )	( 5,991,382 )	( 55,433 )	( )
TAX INCREMENT TRANSFERS OUT (TO LOW & MOD HOUSING FUND)	43.1	( )	( )	( )	( )
TOTAL - OTHER FINANCING SOURCES (USES)	44.0	\$ 16,515,992	\$ (3,288,210)	\$ 215,308	\$
EXCESS (DEFICIENCY) OF REVENUES & OTHER FINANCING SOURCES OVER EXPENDITURES & OTHER FINANCING USES (LINE 38 + LINE 44)	45.0	\$ 3,757,415	\$ (4,897,241)	\$ 119,386	\$
EQUITY, BEGINNING OF PERIOD	46.0	\$ 8,937,497	\$ 15,330,983	\$ 2,216,131	\$
ADJUSTMENTS:					
PRIOR PERIOD ADJUSTMENTS	47.0	64,314			
RESIDUAL EQUITY TRANSFERS	48.0				
OTHER - (EXPLAIN)	49.0				
EQUITY, END OF PERIOD (MUST EQUAL PAGE 04, LINE 39)	51.0	\$ 12,759,226	\$ 10,433,742	\$ 2,335,517	\$

\* In order to ensure consistency, the amounts reported in the Low and Moderate Income Housing Fund should form the basis for the data reported to the Department of Housing and Community Development on Schedules HCD-A and HCD-C.

**ASSESSED VALUATIONS - AND - TAX INCREMENT REVENUES**

FISCAL YEAR ENDED June 30, 99

AGENCY NAME Vista Community Development Commission

**ASSESSED VALUATION DATA**

		C
FROZEN BASE ASSESSED VALUATION	1.0	\$ 187,602,251
INCREMENT ASSESSED VALUATION	2.0	544,774,945
TOTAL ASSESSED VALUATION	3.0	732,377,196

**PASS THROUGH / SCHOOL DISTRICT ASSISTANCE**

AMOUNTS PAID TO TAXING AGENCIES PURSUANT TO	TAX INCREMENT PASS THROUGH DETAIL				H & S CODE SECTION	
	H & S CODE SECTION 33401	H & S CODE SECTION 33676	H & S CODE SECTION 33607	TOTAL		
	A	B	C	D		
COUNTY	4.0	\$	\$	\$	\$	
CITIES	5.0					
SCHOOL DISTRICTS	6.0	827,395			827,395	\$
COMMUNITY COLLEGE DISTRICTS	7.0	26,317			26,317	
SPECIAL DISTRICTS	8.0					
TOTAL PAID TO TAXING AGENCIES	10.0	853,712	\$	\$	853,712	\$
NET AMOUNT TO AGENCY	11.0				5,319,421	
GROSS TAX INCREMENT GENERATED	12.0				6,173,133	

**CAPITAL IMPROVEMENT DETAIL**

IN ADDITION TO THE ABOVE TAX INCREMENT PASS-THROUGHS, PLEASE ITEMIZE EACH CAPITAL IMPROVEMENT EXPENDITURE ON BEHALF OF ANY TAXING AGENCY OTHER THAN A SCHOOL DISTRICT OR COMMUNITY COLLEGE DISTRICT, AND INDICATE

Description	Name of Taxing Agency	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

## SUMMARY OF THE STATEMENT OF INDEBTEDNESS - Agency Totals

Agency Name Vista Community Development Commission

Types of Debts		Total Indebtedness Outstanding As of <u>6/30/99</u>
TAX ALLOCATION BOND DEBT	1	\$ 93,909,326
REVENUE BONDS	2	
OTHER LONG-TERM DEBT	3	9,082,786
CITY/COUNTY DEBT	4	12,833,300
LOW & MODERATE FUND	5	
OTHER	6	
<b>TOTAL</b>	<b>7</b>	<b>\$ 115,825,412</b>
AVAILABLE REVENUES	8	( 957,181 )
<b>NET REQUIREMENT</b>	<b>9</b>	<b>\$ 114,868,231</b>

Using the Statement of Indebtedness (SOI) filed on or before October 1, 1999, please summarize all indebtedness listed on Forms A and B as follows:

### =====

#### DESCRIPTION OF LINE ITEMS

1. Any indebtedness listed on the SOI related to Tax Allocation Bonds or Notes.
2. Any indebtedness listed on the SOI related to Revenue Bonds or Certificates of Participation.
3. Any indebtedness listed on the SOI related to other long-term debt issuances, other than debt listed above or indebtedness owed to the governing body.
4. All indebtedness or obligations owed to the governing body, regardless of the purpose or time limit.
5. All indebtedness or obligations to the Low and Moderate Income Housing Fund.
6. All indebtedness or obligations listed on the SOI, not included above.
8. Line 7 from the Calculation of Available Revenues statement.

**ANNUAL REPORT OF FINANCIAL TRANSACTIONS  
OF COMMUNITY REDEVELOPMENT AGENCIES  
PROJECT AREA REPORT**

STATE USE ONLY	
REVIEWED	CLEARED

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE ACTIVITIES FOR THIS PROJECT AREA DURING THE REPORTING YEAR.

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See Attached

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STATE USE ONLY				
<b>PROJECT AREA ID#</b>				
PLEASE AFFIX LABEL AND CORRECT IF NECESSARY				
<b>AGENCY AND PROJECT AREA NAME</b>				
<b>37958001</b> <b>VISTA COMMUNITY DEVELOPMENT</b> <b>COMMISSION</b> <b>PROJECT AREA #1</b>				
<b>DATE PROJECT AREA WAS ESTABLISHED</b>		(MM-DD-YY)	(1)	
<b>MOST RECENT DATE PROJECT AREA WAS AMENDED.</b>		(MM-DD-YY)	2	
<b>MOST RECENT DATE PROJECT AREA WAS MERGED.</b>		(MM-DD-YY)	3	
<b>ESTABLISHED TIME LIMIT: REPAYMENT OF INDEBTEDNESS</b>		(YEAR ONLY)	4	
<b>ESTABLISHED TIME LIMIT: EFFECTIVENESS OF PLAN</b>		(YEAR ONLY)	5.1	
<b>ESTABLISHED TIME LIMIT: NEW INDEBTEDNESS</b>		(YEAR ONLY)	6.1	
<b>SIZE OF PROJECT AREA IN ACRES.</b>			7	
<b>PERCENTAGE OF LAND VACANT AT THE INCEPTION OF THE PROJECT AREA.</b>		HEALTH AND SAFETY CODE SECTION 33320.1 (XX.X%)	8	
<b>PERCENTAGE OF LAND DEVELOPED AT THE INCEPTION OF THE PROJECT AREA.</b>		HEALTH AND SAFETY CODE SECTION 33320.1 (XX.X%)	9	
<b>OBJECTIVES OF THE PROJECT AREA AS SET FORTH IN THE PROJECT AREA PLAN.</b>			10	
<small>(ENTER THE APPROPRIATE CODE(S) IN SEQUENCE AS SHOWN).</small>				R I C P O

## Redevelopment Activities

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## Housing Fund Programs

Sycamore Creek Mobile Home Park – The Agency provides an operating subsidy to maintain affordable housing at Sycamore Creek. The City maintains affordable rents and has conducted surveys of the residents documenting household income. Out of the 115 spaces at Sycamore Creek, 38 are vacant, 17 are occupied by recreational vehicles, and low-income permanent residents occupy 60. In the future, the City Council will be considering a long-term strategy for Sycamore Creek.

Casa Base – The Agency provided a combination of loan and grant funding to Alpha Project from the Set-Aside Housing Fund for the purchase of a 12-unit apartment complex to be used as transitional housing for homeless men. In FY 1998-99 the project was in the process of relocating existing residents and rehabilitation. The project became operational after the current reporting period.

Nettleton /Cedar Road Housing – The Nettleton Road project completed construction at the end of FY 1998-99. This Project completes the second phase of the Cedar Road Project, developed by Community Housing of North County. Nettleton Road is a 28 unit affordable housing complex, and Cedar Road is a 40 unit affordable housing complex. Funding for the two projects are combination of a residual receipts note and loans from the Housing Fund. The project includes a combination of permanent and transitional housing with a community room that serves as a day care center.

Housing Rehabilitation Program – The Commission provides deferred and amortized loans at below-market interest rates to eligible single-family homeowners to make needed repairs to their residences. This program was previously administered by the County of San Diego and is now administered by the City of Vista. During the reporting period the City established the City administered program and assisted 1 household.

Mobile Home Rehabilitation Program – This program provided low/moderate income mobile home households with needed repairs. The program was originally administered by the County of San Diego and funded through the Housing Fund. The City of Vista currently administers the program utilizing HOME funds. The program has served 10 households during the reporting period.

Vista Home Ownership Program – During the reporting period the Commission re-established this program with new administrative guidelines to assist households to purchase homes by providing down payment and closing cost assistance. No households were assisted during the reporting period because the program was being set-up.

Hacienda Project - On January 13, 1999, the City issued a Request for Qualifications (RFQ) soliciting a developer for the Hacienda Drive property (Hacienda-Gateway property). As a result of the RFQ, the City was negotiating an Exclusive Negotiation Agreement with Olson Co. during the reporting period.

Vista Manor Mobile Home Park – The Commission provided gap financing to assist a non-profit to purchase a mobile home park in exchange for guaranteeing affordability on 120 mobile home spaces.

**INCOME STATEMENT**

AGENCY NAME Vista Community Development Commission  
 PROJECT AREA NAME #1

FISCAL YEAR ENDED

June 30, 19 99

REVENUES		A	B	C	D
		CAPITAL PROJECTS FUNDS	DEBT SERVICE FUNDS	LOW/MODERATE INCOME HOUSING * FUNDS	SPECIAL REVENUE/OTHER FUNDS
TAX INCREMENT - GROSS (INCLUDE ALL APPORTIONMENTS)	1.0	\$	\$ 4,938,506	\$ 1,234,627	\$
SPECIAL SUPPLEMENTAL SUBVENTION	2.0				
PROPERTY ASSESSMENTS	3.0				
SALES & USE TAX	4.0				
TRANSIENT OCCUPANCY TAX	4.1				
INTEREST INCOME	5.0	488,936	475,261	154,316	
RENTAL INCOME	6.0	269,772			
LEASE INCOME	7.0				
SALE OF REAL ESTATE GAIN ON LAND HELD FOR RESALE	8.0				
	8.1				
FEDERAL GRANTS	9.0				
GRANTS FROM OTHER AGENCIES	10.0				
BOND ADMINISTRATIVE FEES	11.0				
OTHER REVENUES	12.0				
<b>TOTAL REVENUES</b>	<b>13.0</b>	<b>758,708</b>	<b>5,413,767</b>	<b>1,388,943</b>	
<b>EXPENDITURES</b>					
ADMINISTRATION COSTS	14.0	\$ 1,072,337	\$	\$ 207,382	\$
PROFESSIONAL SERVICES	15.0	555,716		63,324	
PLANNING, SURVEY & DESIGN	16.0	403,861			
REAL ESTATE PURCHASES	17.0				
EXPENDITURES SUB-TOTAL (CARRY TO LINE 19)	(18.0)	\$ 2,031,914	\$	\$ 270,706	\$

\* *In order to ensure consistency, the amounts reported in the Low and Moderate Income Housing Fund should form the basis for the data reported to the Department of Housing and Community Development on Schedules HCD-A and HCD-C.*



**INCOME STATEMENT**

AGENCY NAME Vista Community Development Commission

PROJECT AREA NAME #1

FISCAL YEAR ENDED June 30, 19 99

EXPENDITURES (CONT')		A	B	C	D
		CAPITAL PROJECTS FUNDS	DEBT SERVICE FUNDS	LOW/MODERATE INCOME HOUSING *FUNDS	SPECIAL REVENUE/OTHER FUNDS
SUB-TOTAL (FROM LINE 18)	(19.0)	\$ 2,031,914	\$	\$ 270,706	\$
ACQUISITION EXPENSE	20.0	402,487		580,425	
OPERATION OF ACQUIRED PROPERTY	21.0			232,209	
RELOCATION COSTS	22.0				
RELOCATION PAYMENTS	23.0	1,011,003			
SITE CLEARANCE COSTS	24.0	166,220			
PROJECT IMPROVEMENT/ CONSTRUCTION COSTS	25.0	9,847,295		393,826	
DISPOSAL COSTS	26.0				
LOSS ON DISPOSITION OF LAND HELD FOR RESALE	26.1				
DECLINE IN VALUE OF LAND HELD FOR RESALE	26.2				
REHABILITATION COSTS	27.0	34,354		7,699	
REHABILITATION GRANTS	28.0				
INTEREST EXPENSE	29.0		2,759,540		
FIXED ASSET ACQUISITIONS	30.0				
SUBSIDIES TO LOW & MODERATE INCOME HOUSING	31.0				
DEBT ISSUANCE COSTS	31.1	24,012			
OTHER EXPENDITURES INCLUDING PASS THROUGH PAYMENT(S)	32.0		2,033,118		
DEBT PRINCIPAL PAYMENTS:					
TAX ALLOCATION BONDS & NOTES	33.0		525,000		
REVENUE BONDS & CERTIFICATES OF PARTICIPATION	34.0				
CITY/COUNTY ADVANCES & LOANS	35.0		1,705,140		
U. S., STATE, & OTHER LONG-TERM DEBT	36.0				
<b>TOTAL EXPENDITURES</b>	<b>37.0</b>	<b>\$ 13,517,285</b>	<b>\$ 7,022,798</b>	<b>\$ 1,484,865</b>	<b>\$</b>

\* *In order to ensure consistency, the amounts reported in the Low and Moderate Income Housing Fund should form the basis for the data reported to the Department of Housing and Community Development on Schedules HCD-A and HCD-C.*

**INCOME STATEMENT**

AGENCY NAME Vista Community Development Commission  
 PROJECT AREA NAME #1

FISCAL YEAR ENDED June 30 19 99

		A	B	C	
EXPENDITURES (CON'T)		CAPITAL PROJECTS FUNDS	DEBT SERVICE FUNDS	LOW/MODERATE INCOME HOUSING FUNDS	SPECIAL REVENUE/OTHER FUNDS
EXCESS (DEFICIENCY) REVENUES OVER (UNDER) EXPENDITURES	38.0	\$ (12,758,577)	\$ (1,609,031)	\$ (95,922)	\$
<b>OTHER FINANCING SOURCES (USES)</b>					
PROCEEDS OF LONG-TERM DEBT	39.0	7,846,288			
PROCEEDS OF REFUNDING BONDS	39.1				
PAYMENT TO REFUNDED BOND ESCROW AGENT	39.2	( )	( )	( )	( )
ADVANCES FROM CITY/COUNTY	40.0	1,705,140			
SALE OF FIXED ASSETS	41.0				
MISCELLANEOUS FINANCING SOURCES (USES)	41.1	3,370,881	250,040	270,741	
OPERATING TRANSFERS IN	42.0	6,330,194	2,453,132		
TAX INCREMENT TRANSFERS IN (LOW & MOD HOUSING FUND)	42.1				
OPERATING TRANSFERS OUT	43.0	( 2,736,511 )	( 5,991,382 )	( 55,433 )	( )
TAX INCREMENT TRANSFERS OUT (TO LOW & MOD HOUSING FUND)	43.1	( )	( )		( )
<b>TOTAL - OTHER FINANCING SOURCES (USES)</b>	44.0	\$ 16,515,992	\$ 3,288,210	\$ 215,308	\$
<b>EXCESS (DEFICIENCY) OF REVENUES &amp; OTHER FINANCING SOURCES OVER EXPENDITURES &amp; OTHER FINANCING USES (LINE 38 + LINE 44)</b>	45.0	\$ 3,757,415	\$ (4,897,241)	\$ 119,386	\$
<b>EQUITY, BEGINNING OF PERIOD</b>	46.0	\$ 8,937,497	\$ 15,330,983	\$ 2,216,131	\$
<b>ADJUSTMENTS:</b>					
PRIOR PERIOD ADJUSTMENTS	47.0	64,314			
RESIDUAL EQUITY TRANSFERS	48.0				
OTHER - (EXPLAIN)	49.0				
	50.0				
<b>EQUITY, END OF PERIOD (MUST EQUAL PAGE (4), LINE 39)</b>	51.0	\$ 12,759,226	\$ 10,433,742	\$ 2,335,517	\$

\* In order to ensure consistency, the amounts reported in the Low and Moderate Income Housing Fund should form the basis for the data reported to the Department of Housing and Community Development on Schedules HCD-A and HCD-C.

**AGENCY LONG-TERM DEBT  
TAX ALLOCATION BONDS, REVENUE BONDS AND CERTIFICATES OF PARTICIPATION**

FISCAL YEAR ENDED June 30 ,19 99      AGENCY NAME Vista Community Development Commission  
 PROJECT AREA NAME #1

USE A SEPARATE COLUMN FOR LISTING EACH BOND AUTHORIZATION NOT FULLY RETIRED. USE ADDITIONAL PAGES AS NECESSARY

CODING BOXES FOR CONTROLLER'S USE ONLY					
INDICATE TYPE OF DEBT: TAX ALLOCATION BOND, REVENUE BOND OR CERTIFICATE OF PARTICIPATION		Tax Alloc. Bond	Tax Alloc. Bond	Tax Alloc. Bond	Tax Alloc. Bond
YEAR OF AUTHORIZATION	1.0	1995	1995	1998	1998
PRINCIPAL AMOUNT AUTHORIZED	1.1	\$ 32,550,000	\$ 2,980,000	\$ 5,645,000	\$ 8,935,000
PRINCIPAL AMOUNT UNISSUED	1.2				
PRINCIPAL AMOUNT UNMATURED-BEGINNING OF FISCAL YEAR	2.0	32,550,000	2,935,000	5,645,000	8,935,000
ADJUSTMENTS MADE DURING YEAR (EXPLAIN)	3.0				
PRINCIPAL AMOUNT ISSUED DURING FISCAL YEAR	4.0				
PRINCIPAL AMOUNT MATURED DURING FISCAL YEAR	5.0	( 480,000 )	( 45,000 )	( )	( )
PRINCIPAL AMOUNT DEFEASED DURING FISCAL YEAR	5.1	( )	( )	( )	( )
PRINCIPAL AMOUNT UNMATURED - END OF FISCAL YEAR	6.0	\$ 32,070,000	\$ 2,890,000	\$ 5,645,000	\$ 8,935,000
PRINCIPAL AMOUNT IN DEFAULT	6.1				
INTEREST IN DEFAULT	6.2				

PURPOSE OF DEBT BY AUTHORIZATION	REVENUES PLEDGED AS ADDITIONAL SECURITY (SPECIFY NATURE OF REVENUE)
Defense 1992 BAN's & Cap. Improvements	Tax Increment
Construct 50 Unit Senior Housing Complex	20% Housing Set Aside
Capital Improvements	Tax Increment
Capital Improvements	Tax Increment

**OTHER LONG-TERM DEBT**

AGENCY NAME Vista Community Development Commission

FISCAL YEAR ENDED June 30 19 99

PROJECT AREA NAME #1

USE A SEPARATE COLUMN FOR LISTING EACH BOND AUTHORIZATION NOT FULLY RETIRED. USE ADDITIONAL PAGES AS NECESSARY.

OTHER LONG-TERM INDEBTEDNESS	(1.0)	1 6		1 7		1 8		1
		A		A		A		
		CITY/COUNTY	STATE	U. S.	OTHER			
PRINCIPAL AMOUNT UNMATURED-BEGINNING OF FISCAL YEAR	2.0	\$ 3,335,510	\$	\$	\$			
ADJUSTMENTS MADE DURING YEAR (EXPLAIN)	3.0							
INTEREST ADDED TO PRINCIPAL	3.1	1,651,502						
PRINCIPAL AMOUNT RECEIVED DURING FISCAL YEAR	4.0	9,551,428						
PRINCIPAL AMOUNT MATURED DURING FISCAL YEAR	5.0	( 1,705,140 )	( )	( )	( )	( )	( )	( )
PRINCIPAL AMOUNT UNMATURED-END OF FISCAL YEAR	6.0	\$ 12,833,300	\$	\$	\$	\$	\$	\$

**ASSESSED VALUATIONS - AND - TAX INCREMENT REVENUES**

FISCAL YEAR ENDED June 30, 99

AGENCY NAME Vista Community Development Commission

PROJECT AREA NAME #1

**ASSESSED VALUATION DATA**

		C
FROZEN BASE ASSESSED VALUATION	1.0	\$ 187,602,251
INCREMENT ASSESSED VALUATION	2.0	\$ 544,774,945
TOTAL ASSESSED VALUATION	3.0	\$ 732,377,196

**PASS THROUGH / SCHOOL DISTRICT ASSISTANCE**

AMOUNTS PAID TO TAXING AGENCIES PURSUANT TO:		TAX INCREMENT PASS THROUGH DETAIL			TOTAL	H & S CODE SECTION
		H & S CODE SECTION 33401 A	H & S CODE SECTION 33676 B	H & S CODE SECTION 33607 C		
COUNTY	4.0					
CITIES	5.0					
SCHOOL DISTRICTS	6.0	827,395			827,395	
COMMUNITY COLLEGE DISTRICTS	7.0	26,317			26,317	
SPECIAL DISTRICTS	8.0					
TOTAL PAID TO TAXING AGENCIES	10.0	\$ 853,712			\$ 853,712	
NET AMOUNT TO AGENCY	11.0				\$ 5,319,421	
GROSS TAX INCREMENT GENERATED	12.0				\$ 6,173,133	

**CAPITAL IMPROVEMENT DETAIL**

IN ADDITION TO THE ABOVE TAX INCREMENT PASS-THROUGHS, PLEASE ITEMIZE EACH CAPITAL IMPROVEMENT EXPENDITURE ON BEHALF OF ANY TAXING AGENCY OTHER THAN A SCHOOL DISTRICT OR COMMUNITY COLLEGE DISTRICT, AND INDICATE

Description	Name of Taxing Agency	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

## SUMMARY OF THE STATEMENT OF INDEBTEDNESS - Agency Totals

Agency Name  
Project Area Name

Vista Community Development Commission

Types of Debts		Total Indebtedness Outstanding As of <u>6/30/99</u>
TAX ALLOCATION BOND DEBT	1	\$ 93,909,326
REVENUE BONDS	2	
OTHER LONG-TERM DEBT	3	9,082,786
CITY/COUNTY DEBT	4	12,833,300
LOW & MODERATE FUND	5	
OTHER	6	
<b>TOTAL</b>	<b>7</b>	<b>\$ 115,825,412</b>
AVAILABLE REVENUES	8	( 957,181 )
<b>NET REQUIREMENT</b>	<b>9</b>	<b>\$ 114,868,231</b>

A

Using the Statement of Indebtedness (SOI) filed on or before October 1, 1999, please summarize all indebtedness listed on Forms A and B as follows:

=====

### DESCRIPTION OF LINE ITEMS

1. Any indebtedness listed on the SOI related to Tax Allocation Bonds or Notes.
2. Any indebtedness listed on the SOI related to Revenue Bonds or Certificates of Participation.
3. Any indebtedness listed on the SOI related to other long-term debt issuances, other than debt listed above or indebtedness owed to the governing body.
4. All indebtedness or obligations owed to the governing body, regardless of the purpose or time limit.
5. All indebtedness or obligations to the Low and Moderate Income Housing Fund.
6. All indebtedness or obligations listed on the SOI, not included above.
8. Line 7 from the Calculation of Available Revenues statement.

**STATEMENT OF INDEBTEDNESS - CONSOLIDATED  
FILED FOR THE 19 99 - 2000 TAX YEAR**

Name of Redevelopment Agency  
Name of Project Area

Vista Redevelopment Agency  
Vista Redevelopment Project (504901)

Balance Carried Forward From:		Line	T Outstar
<b>Fiscal Period - Totals</b>	(From Form A, Page 1 Totals)	(1)	115,8
(Optional) <b>Post Fiscal Period - Total</b>	(From Form B Totals)	(2)	-
<b>Grand Totals</b>		(3)	115,8
<b>Available Revenues</b>		(4)	
From Calculation of Available Revenues, Line 7			
<b>Net Requirement</b>		(5)	114,8

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 requirement for filing the Statement of Indebtedness. The Reconciliation Statement is to include indebtedness from Form A only.

Certification of Chief Financial Officer:  
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.

Dale Nielsen  
Name

Dale R. Nielsen  
Signature

**STATEMENT OF INDEBTEDNESS - FISCAL YEAR INDEBTEDNESS  
FILED FOR THE 1999 - 2000 TAX YEAR**

Name of Redevelopment Agency  
Name of Project Area

Vista Redevelopment Agency  
Vista Redevelopment Project (504901)

For Indebtedness Entered into as of June 30, 19    .

Debt Identification	Original Data					Outs
	Date	Principal	Term	Interest Rate	Total Interest	
(A) 1995 Tax Allocation Bonds	10/95	32,550,000	30 yrs	Var	35,359,832	64
(B) Note Payable - City of Vista	12/93	1,184,714	open	6.7%	open	1
(C) Vista JPFA 1997 Lease Revenue Bonds	5/97	6,309,418	19 yrs	Var	3,840,029	9
(D) City Loan - Rancho Buena Vista	8/89	2,135,000	open	Var	open	3
(E) 1998 Tax Allocation Bonds	6/98	14,580,000	30 yrs	Var	18,469,832	32
(F) Downtown Project Loans	6/99	7,846,288	5 yrs	Var	open	7
(G)						
(H)						
(I)						
(J)						
Sub Total, This Page						115
Totals Forward From All Other Pages						
<b>Totals, Fiscal Year Indebtedness</b>						115

**Purpose of Indebtedness:**

- (A) Public Improvements
- (B) Land Acquisition
- (C) Public Improvement
- (D) Property Acquisition
- (E) Public Improvements

- (F) Land Acquisition & Public Improvements
- (G) \_\_\_\_\_
- (H) \_\_\_\_\_
- (I) \_\_\_\_\_
- (J) \_\_\_\_\_



# RECONCILIATION STATEMENT - CHANGES IN INDEBTEDNESS

Name of Agency Vista Redevelopment Agency  
 Name of Project Area Vista Redevelopment Project (504901)

Tax Year FY 1999-2000

Reconciliation Dates: From July 1, 1998

Debt Identification:		A	B		C	
			Adjustments			
SOI, page and line:		Outstanding Debt All Beginning Indebtedness	Increases (Attach Explanation)	Decreases		
Prior Year	Current Yr.			Brief Description	(Attach Explanation)	(Attach Explanation)
Pg 1 Line A	Pg 1 Line A	1995 Tax Allocation Bonds	63,684,140	98-99 Admin Costs 12,504	-	2
Pg 1 Line B	Pg 1 Line B	Note payable - City of Vista	1,200,510	98-99 Interest 74,045	-	
Pg 1 Line C	Pg 1 Line C	Vista JPFA 1947 Lease Revenue Bonds	9,615,921	-	-	
Pg 1 Line D	Pg 1 Line D	City Loan - Ranch Buena Vista	2,135,000	Accrued Int since '89 1,577,457	-	
Pg 1 Line E&F	Pg 1 Line E	1998 Tax Alloc Bonds	32,989,832	-	-	
Pg Line	Pg Line	-	-	-	-	
Pg Line	Pg Line	Vista Unified Passthrough 98-99	-	98-99 Charge 674,495	-	
Pg Line	Pg Line	Vista Unified School Sfty Fund 98-99	-	98-99 charge 128,253	-	
TOTAL - THIS PAGE			109,625,403	2,466,754	-	
TOTALS FORWARD			-	11,535,046	-	3
GRAND TOTALS			109,625,403	14,001,800	-	7

NOTE: This form is to reconcile the previous Statement of Indebtedness to the current one being filed. However, since the recon 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. If an item of indebtedness from one SOI to the next, use page and line number references from each SOI that the item of 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 Debt column

# RECONCILIATION STATEMENT - CHANGES IN INDEBTEDNESS

Name of Agency Vista Redevelopment Agency  
 Name of Project Area Vista Redevelopment Project (564901)  
 Tax Year FY 1999-2000

Reconciliation Dates: From July 1, 19 98

Debt identification:			A	B	C	
			Outstanding Debt	Adjustments		
SOI, page and line:		Brief Description	All Beginning Indebtedness	Increases (Attach Explanation)	Decreases (Attach Explanation)	Tax
Prior Year	Current Yr					
Pg Line	Pg Line	Palomar College Passthrough 98-99	-	98-99 Charge 26,317	-	
Pg Line	Pg Line	San Marcos Unified Passthrough 98-99	-	98-99 Charge 24,647	-	
Pg Line	Pg Line	Administrative Advance 98-99	-	98-99 Charge 1,739,243	-	1
Pg Line	Pg Line	Developm Agreements	-	98-99 Charge 633,168	-	
Pg Line	Pg Line F	Downtown Project Loans	-	New 7,846,288 + 98/99 Int 30,756	-	
Pg Line	Pg Line	20% Low & Mod Housing Fund	-	98-99 Charge 1,234,627	-	1
Pg Line	Pg Line					
Pg Line	Pg Line					
Pg Line	Pg Line					
Pg Line	Pg Line					
Pg Line	Pg Line					
Pg Line	Pg Line					
<b>TOTAL - THIS PAGE</b>			-	11,535,046	-	3

## CALCULATION OF AVAILABLE REVENUES

AGENCY NAME Vista Redevelopment Agency

PROJECT AREA Vista Redevelopment Project (504901)

TAX YEAR 1999-2000

RECONCILIATION DATES: JULY 1, 1998 TO JUNE 30, 1999

1. Beginning Balance, Available Revenues (See Instructions)	<u>1,928,794</u>
2. Tax Increment Received - Gross All Tax Increment Revenues, to include any Tax Increment passed through to other local taxing agencies	<u>6,173,133</u>
3. All other Available Revenues Received (See Instructions)	<u>264,579</u>
4. Revenues from any other source, included in Column E of the Reconciliation Statement, but not included in (1-3) above	<u>392,466</u>
5. Sum of Lines 1 through 4	<u>8,758,972</u>
6. Total amounts paid against indebtedness in previous year. (D + E on Reconciliation Statement)	<u>7,801,791</u>
7. Available Revenues, End of Year (5-6) <b>FORWARD THIS AMOUNT TO STATEMENT OF INDEBTEDNESS, COVER PAGE, LINE 4</b>	<u><u>957,181</u></u>

### 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 therefore 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">

## Supplement to the Annual Report of Community Redevelopment Agencies

<b>Redevelopment Agency ID Number</b>	95-600478
<b>Name of Redevelopment Agency</b>	Vista Community Development Commission
<b>Address</b>	P.O. Box 1988
<b>City, State, Zip</b>	Vista, CA 92085-1988

The U. S. Bureau of the Census requests the following information about the fiscal activities of your government for the 1998-99 fiscal year. Governments furnishing this information will no longer receive U. S. Bureau of the Census Form F-32, Survey of Local Government Finances. If you have any questions, please contact:

**U. S. Bureau of the Census**  
**Chris Kubacki**  
**1-800-242-4523**

### A. Personnel Expenditures

Report your government's total expenditures for salaries and wages during the year, including amounts paid on force account construction projects

<b>Z00</b>	\$	376,006
------------	----	---------

### B. Mortgage Revenue Bond Interest Payments

Report your government's total amount of interest paid on mortgage revenue bonds during the year.

<b>U20</b>	\$	0
------------	----	---

### C. Cash and Investments Held at the End of the Fiscal Year

Report separately for each of the three types of funds listed below, the total cash on hand and on deposit and investments in Federal government, Federal agency, State and local government and non-governmental securities. Report all investments at par value. Include in the sinking fund total any mortgages and notes receivable held as offsets to housing and industrial financing loans. Exclude accounts receivable, value of real property and non-security assets.

1. Sinking funds - Reserve held for redemption of long-term debt.	<b>W01</b>	\$ 536,252
2. Bond funds - Unexpended proceeds from the sale of bond issues held pending disbursement.	<b>W31</b>	\$ 10,713,689
3. All other funds - Exclude employee retirement funds.	<b>W61</b>	\$ 14,124,261

ANNUAL REPORT OF HOUSING ACTIVITY  
OF COMMUNITY REDEVELOPMENT AGENCIES  
FOR FISCAL YEAR ENDED 6 / 30 / 99

Agency Name and Address:

County of Jurisdiction:

Vista Community Development Commission  
P.O. Box 1988  
Vista, CA 92085

San Diego

Redevelopment agencies must report annually on their housing activities and maintenance and use of the Low & Moderate Income Housing Fund (Health and Safety Code Section 33080.1). A copy of this report must be filed with the Department of Housing and Community Development (HCD) (Section 33080.3). HCD must compile and publish annually a report of redevelopment agencies' housing activities (Section 33080.6).

Please answer each of the following questions in order to determine which HCD Schedules your agency must prepare to provide a complete report of housing activity and fund balances for the reporting period.

1. How many adopted project areas did the agency have during the reporting period? 1  
If one or more, prepare and submit a separate copy of SCHEDULE HCD-A for each adopted project area.  
If none, do not submit Schedule HCD-A.
2. Did the agency conduct any housing activity outside of adopted redevelopment project areas during the reporting period?  
 Yes. Prepare and submit one copy of SCHEDULE HCD-B for the agency.  
 No. Do not submit Schedule HCD-B.
3. Did the agency have any adopted project areas, or any funds in the Low & Moderate Income Housing Fund during the reporting period?  
 Yes. Prepare and submit one copy of SCHEDULE HCD-C for the agency.  
 No. Do not submit Schedule HCD-C.
4. Were any housing projects completed during the reporting period?  
 Yes. Prepare and submit all applicable HCD Schedules D1-D7 for each housing project completed and an HCD Schedule E1 summarizing all housing projects completed.  
 No. Do not submit HCD Schedules D1-D7 or HCD Schedule E1.

To the best of my knowledge the representations made in the above statement and the disclosures contained in the HCD Schedule(s) submitted herewith are true and correct.

12/14/99  
Date

Rita L. Geldert  
Signature of Authorized Agency Representative

Rita Geldert, City Manager  
Title  
(760) 726-1340  
Telephone Number

SCHEDULE HCD-A

Project Area Activity

for Fiscal Year Ended 06 / 30 / 99

Agency Name: Vista Community Development Comm. Project Area Name: Project Area 1

Preparer's Name, Title: Larry Graff Preparer's E-Mail Address: lgraff@ci.vista.ca.us

Preparer's Telephone No: (760) 726-1340 X1102 Preparer's Facsimile No: (760) 726-1340 X1102

General Information

1. a Year plan for project area was adopted: 1987 Current expiration of redevelopment plan: 7 / 16 / 27
mo day yr

b. If project area name has changed, give previous name(s) or number: N/A

c. Year(s) project areas merged: N/A

Project areas merged: N/A

d. Year(s) real property was: (1.) added: N/A (2.) removed: N/A

2. Project areas adopted, and areas added by amendment, after 12/31/75 are subject to section 33413. All other project areas are subject to Section 33413(a), effective 1/1/96, with respect to housing activity specified in Section 33413(d). An agency may elect to make all or part of Section 33413 apply to a project area for which a plan was adopted before 1/1/76. If the redevelopment plan for the subject project area was adopted before 1/1/76, and the agency has elected to apply all or part of Section 33413, provide the date and scope of the resolution.

Date: N/A / / ; Scope: N/A
mo day yr

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 agency's Housing Fund this 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 the full 100% of gross tax increment allocated (prior to any pass through and deduction for fees) on line 3a(1). Calculate 20% of gross tax increment and enter the amount on line 3a(2). To determine the amount of Tax Increment deposited to the Housing Fund (line 3a(6)), subtract allowable exempted (line 3a(4)) or deferred (line 3a(5)) amounts from the Tax Increment Allocated to Housing Fund (line 3a(3)).

NOTE:

Expenditures for debt service should be reported on Schedule HCD-C (Page 2, Line 3c.).

Dollar amounts for items HCD-A lines 3a.-3f. and 3i. (where an italicized line number is noted in parentheses) can be taken directly from that line number on the State Controller's Annual Report of Financial Transactions of Community Redevelopment Agencies, Project Area Income Statement, 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: The specific sources of transferred funds must be reported in Items HCD-A lines 3a.-j. For example: transfers into the Housing Fund from the Debt Service Fund for the deposit of the 20% setaside should be reported on line 3a(3).

Other Sources: Non-GAAP revenues such as land sales for those Agencies using the Land Held for Resale method to record land sales should be reported on HCD-A line 3d. Money received for the repayment of loan principal to the Housing Fund should be included on HCD-A line 3h.

3. a. Tax Increment:

- (1) 100% of Gross (line 1E): \$ 6,173,133
- (2) Minimum Deposit to Housing Fund (Line 3a(1) x 20%): \$ 1,234,627
  
- (3) Tax Increment Allocated to Housing Fund \* \$ 1,234,627  
 Less:
- (4) Amount Exempted (if there is an amount exempted, also complete question #4 (HCD-A, Page 3 of 5): (\$ \_\_\_\_\_)
- (5) Amount Deferred (if there is an amount deferred, also complete question #5 (HCD-A, Page 3 of 5): (\$ \_\_\_\_\_)
- (6) Tax Increment Deposited to Housing Fund [actual amount deposited, Lines 3a: (3) - (4) - (5)] \$ 1,234,627

\* If less than 20% of the Gross Tax Increment (see 3a(2) above) is being set aside in this project area in accordance with Section 33334.3(i); identify the project area(s) contributing the difference:

\_\_\_\_\_

\* Explain below if less than 20% is being set aside for any other reason:

\_\_\_\_\_

- b. Interest Income (line 5): \$ 154,316
- c. Rental/Lease Income (lines 6 + 7): \$ \_\_\_\_\_
- d. Sale of Real Estate (line 8): \$ \_\_\_\_\_
- e. Grants (lines 9 + 10): \$ \_\_\_\_\_
- f. Bond Administrative Fees (line 11): \$ \_\_\_\_\_
- g. Deferral Repayments: \$ \_\_\_\_\_
- h. Loan Repayments: \$ 46,619
- i. Debt Proceeds (line 39): \$ \_\_\_\_\_
- j. Other Revenue (Specify) Transfer from City of Vista \$ 224,122
- k. Total Housing Fund Deposits for this Project Area (add 3a(6). through 3j.): \$ 1,659,684

**Exemption(s)**

4. a. If you are claiming an exemption from making the minimum 20% set-aside, indicate the reason. Check only one of the below Health and Safety Code Section boxes:

- N/A  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 20% set-aside is sufficient to meet the need.  
 Section 33334.2(a)(3): Community is making substantial effort equivalent in value to 20% set-aside and has specific contractual obligations incurred before May 1, 1991 requiring continued use of this funding.

When was the initial finding adopted? \_\_\_/\_\_\_/\_\_\_  
 mo day yr

Identify Resolution # \_\_\_\_\_ Date Resolution sent to HCD: \_\_\_/\_\_\_/\_\_\_  
 mo day yr

**Note: Pursuant to Section 33334.2(a)(3)(C), this exemption expired on June 30, 1993.**

Other: Specify code section and reason:

b. When was current year finding adopted for any exemption claimed in 4.a.? \_\_\_/\_\_\_/\_\_\_  
 mo day yr

Identify Resolution # \_\_\_\_\_ Date Resolution sent to HCD: \_\_\_/\_\_\_/\_\_\_  
 mo day yr

**Deferral(s)**

5. a. If you are deferring the set-aside, indicate the reason. Check only one of the below Health and Safety Code Section boxes:

- N/A  Section 33334.6(d): Project was adopted before 1977 and tax increments are needed to meet existing debts.

When was the initial finding adopted? \_\_\_/\_\_\_/\_\_\_  
 mo day yr

Identify Resolution # \_\_\_\_\_ Date Resolution sent to HCD: \_\_\_/\_\_\_/\_\_\_  
 mo day yr

**Note: The previous allowable deferral under 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. When was current year finding adopted for any deferral claimed in 5.a.? \_\_\_/\_\_\_/\_\_\_  
 mo day yr

Identify Resolution # \_\_\_\_\_ Date Resolution sent to HCD: \_\_\_/\_\_\_/\_\_\_  
 mo day yr

c. A deferred set-aside pursuant to Section 33334.6(d) constitutes an indebtedness to the Housing Fund equal to the amount of the set-aside being deferred. Summarize the amount(s) of set-aside deferred during this fiscal year and cumulatively:

Fiscal Year	Amount Deferred During FY	Amount of Prior FY Deferrals Repaid During FY	Cumulative Amount Deferred (Less Any Amount Repaid)
97/98	\$	\$	\$
98/99	\$	\$	\$ *

**\* The cumulative amount of deferred set-aside should also be shown on Line 5b. of Schedule HCD-C, Page 3 of 8.**

If the FY 97/98 cumulative deferral shown here differs from what was reported on the last HCD report, indicate the amount of difference and the reason:

Difference: \$ \_\_\_\_\_ Reason: \_\_\_\_\_



**Deferral(s) Line 5 (continued)** N/A

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 deferral claimed?     /    /      
mo day yr

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

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

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

**Housing Units Lost and Households Displaced**

6. a. Pursuant to Sections 33080.4(a)(1) and (a)(3), report the number of dwelling units and bedrooms destroyed or removed from this project area as a result of redevelopment activities; the number of above moderate units or bedrooms the agency is not required to replace; and the income category and type of households permanently displaced from the project area during the fiscal year.

Income Level	VL	L	M	AM	Total
Households Permanently Displaced -Elderly					
Households Permanently Displaced - Non Elderly	1		1		
Households Permanently Displaced - Total	1		1		
Units Lost (Removed or Destroyed, and Required to be Replaced)	1		1		
Bedrooms Lost (Removed or Destroyed, and Required to be Replaced)	2		3		
Units Lost (Above Moderate: Not Required to be Replaced)					
Bedrooms Lost (Above Moderate: Not Required to be Replaced)					

N/A

b. Pursuant to Sections 33080.4(a)(1) and (a)(3), report the number of households permanently displaced as a result of redevelopment activities other than the destruction or removal of dwelling units and bedrooms from this project area; and the income category and type of households displaced from the project area during the fiscal year.

Income Level	VL	L	M	AM	Total
Households Permanently Displaced -Elderly					
Households Permanently Displaced - Non Elderly					
Households Permanently Displaced - Total					

NONE

c. Identify each replacement housing plan adopted that is related to permanent displacement, destruction or removal of dwelling units or bedrooms during the fiscal year and identified in paragraphs in 6a. and 6b. as follows:

Date 1 / 12 / 99 Name of Agency Custodian City Clerk  
mo day yr

Date      /      /      Name of Agency Custodian           
mo day yr

Date      /      /      Name of Agency Custodian           
mo day yr

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

Agency Name: Vista Community Development Comm. Project Area Name: Project Area I

7. a. As required in Section 33080.4(a)(2), estimate the type and number of households, by income category, to be permanently displaced from this project area during the next reporting period (Fiscal Year 1999-2000):

Income Level	VL	L	M	AM	Total
Households Permanently Displaced -Elderly					0
Households Permanently Displaced - Non Elderly					0
Households Permanently Displaced - Total					0

b. Identify each replacement housing plan adopted that is related to permanent displacement, destruction or removal of dwelling units or bedrooms during the next reporting period and identified in paragraph 7a. as follows:

N/A

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Agency Custodian \_\_\_\_\_  
 mo day yr  
 Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Agency Custodian \_\_\_\_\_  
 mo day yr  
 Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Agency Custodian \_\_\_\_\_  
 mo day yr

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

8. Pursuant to Section 33080.4(a)(10), report the number of very low, low, and moderate income units financed by any federal, state, local, or private source to be constructed inside the project area, within the next two years, pursuant to an executed contract or agreement. Also include the estimated completion dates of the units.

N/A  
(none)

**DO NOT REPORT ANY UNITS SHOWN ON SCHEDULE HCD-B #3 OR SCHEDULE HCD-Ds.**

Name of Contractor/Project	Execution Date	Estimated Date of Completion	VL	L	M	Total

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

**SCHEDULE HCD-B**

Activity Outside Project Area

for Fiscal Year Ended 6 / 30 / 99

Agency Name: Vista Community Development Comm. Project Area Name: Project Area 1

Preparer's Name, Title: Larry Graff, Management Analyst Preparer's E-Mail Address: lgraff@ci.vista.ca.us

Preparer's Telephone No: (760) 726-1340 X1102

Preparer's Facsimile No: (760) 639-6188

**Housing Units Lost and Households Displaced**      N/A

1. a. Pursuant to Sections 33080.4(a)(1) and (a)(3), report the number of dwelling units and bedrooms destroyed or removed from outside the project areas as a result of redevelopment activities; the number of above moderate units or bedrooms the agency is not required to replace; and the income category and type of households permanently displaced from outside the project areas during the fiscal year.

Income Level	VL	L	M	AM	Total
Households Permanently Displaced - Elderly					
Households Permanently Displaced - Non Elderly					
Households Permanently Displaced - Total					
Units Lost (Removed or Destroyed, and Required to be Replaced)					
Bedrooms Lost (Removed or Destroyed, and Required to be Replaced)					
Units Lost (Above Moderate: Not Required to be Replaced)					
Bedrooms Lost (Above Moderate: Not Required to be Replaced)					

- b. Pursuant to Sections 33080.4(a)(1) and (a)(3), report the number of households permanently displaced as a result of redevelopment activities other than the destruction or removal of dwelling units and bedrooms from outside the project areas; and the income category and type of households permanently displaced from outside the project areas during the fiscal year.

N/A

Income Level	VL	L	M	AM	Total
Households Permanently Displaced - Elderly					
Households Permanently Displaced - Non Elderly					
Households Permanently Displaced - Total					

- c. Identify each replacement housing plan adopted that is related to permanent displacement, destruction or removal of dwelling units or bedrooms during the fiscal year and identified in paragraphs in 6a. and 6b., as follows:

N/A

Date      /      /           Name of Agency Custodian \_\_\_\_\_  
 mo    day    yr

Date      /      /           Name of Agency Custodian \_\_\_\_\_  
 mo    day    yr

Date      /      /           Name of Agency Custodian \_\_\_\_\_  
 mo    day    yr

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

Agency Name: Vista Community Development Comm

2. a. As required in Section 33080.4(a)(2), estimate the type and number of households, by income category, to be permanently displaced from outside the project area during the next reporting period (Fiscal Year 1999-2000):

N/A

Income Level	VL	L	M	AM	Total
Households Permanently Displaced -Elderly					
Households Permanently Displaced - Non Elderly					
Households Permanently Displaced - Total					

- b. Identify each replacement housing plan adopted that is related to permanent displacement, destruction or removal of dwelling units or bedrooms during the next reporting period and identified in paragraph 7a., as follows:

Date    /   /     
mo day yr

Name of Agency Custodian \_\_\_\_\_

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.

3. Pursuant to Section 33080.4(a)(10), report the number of very low, low, and moderate income units financed by any federal, state, local, or private source to be constructed outside the project area, within the next two years, pursuant to an executed contract or agreement. Also include the estimated completion dates of the units.

N/A

**DO NOT REPORT ANY UNITS SHOWN ON SCHEDULE HCD-A #8 OR SCHEDULE HCD-Ds.**

Name of Contractor/Project	Execution Date	Estimated Date of Completion	VL	L	M	Total

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

**SCHEDULE HCD-C**

Agency-wide Activity

for Fiscal Year Ended 6 / 30 / 99

Agency Name: Vista Community Development Comm.

Preparer's Name, Title: Larry Graff, Management Analyst Preparer's E-Mail Address: lgraff@ci.vista.ca.us

Preparer's Telephone No: (760) 726-1340 x1102

Preparer's Facsimile No: (760) 639-6188

**Low & Moderate Income Housing Funds**

Report on the "status and use of the agency's Low and Moderate Income Housing Fund," including information developed to comply with Sections 33080.4(a)(6) and (a)(8). Information reported here should be based on that reported to the State Controller.

**1. Beginning Balance**

(Must equal line 4, "Net Resources Available" from last year's HCD-C form): \$ 2,216,131

If Beginning Balance is not the same as Line 4 from Schedule HCD-C, Page 2 of 5, for FY 97/98, indicate the:

Amount of the adjustment (indicate whether positive or negative): \$ \_\_\_\_\_

Reason(s) for each difference: \_\_\_\_\_

Adjusted Beginning Balance (Beginning Balance plus or minus the adjustment): \$ 2,216,131

**2. Resources:**

**a. Total Resources From Project Areas:**

(Sum of amount(s) from line 3k on Schedule HCD-A(s)): \$ 1,659,684

**b. Other resources not reported on Schedule HCD-A(s)**

(Specify: \_\_\_\_\_): \$ \_\_\_\_\_

**3. Subtotal of Expenditures and Other Uses (total of HCD-C, pages 2-3, lines 3a.-k. below):** (\$ 1,540,298 )

**NOTE:**

The line items below were expanded to include specific line items from the State Controller's Annual Report of Financial Transactions of Community Redevelopment Agencies to facilitate preparation of the report.

Dollar amounts for items where an italicized line number is noted in parentheses can be taken directly from the line number(s) on the State Controller's Annual Report of Financial Transactions of Community Redevelopment Agencies, Consolidated Income Statement, except for reclassifying of Transfers-Out to Internal Funds and the reporting of Other Uses as discussed below.

**Transfers-out to other internal funds:** The specific use of transferred funds must be reported on HCD-C lines 3a.-k. For example: transfers from the Housing Fund to the Debt Service Fund for the repayment of debt should be reported in line 3c. Any transfers out of the Agency (for example: the transfer of excess surplus funds to the Housing Authority) should be reported in line 3j(3).

**Other Uses:** Non-GAAP expenditures such as land purchases for those Agencies using the Land Held for Resale method to record land purchases should be reported on HCD-C line 3a(1). Money spent on loans from the Housing Fund should be included in lines 3b., 3f., 3g. and 3h. as appropriate.

**ALWAYS REFER TO THE COMMUNITY REDEVELOPMENT LAW TO DETERMINE THE APPROPRIATENESS OF EXPENDITURES FROM THE LOW AND MODERATE INCOME HOUSING FUND. HCD IS NOT REPRESENTING THAT ALL IDENTIFIED EXPENDITURES ARE ALLOWABLE EXPENDITURES OR USES.**

Agency Name: Vista Community Development Commission

3. Subtotal of Expenditures and Other Uses (continued)

a. Property Acquisition:

Acquisition of Property/Building Sites (33334.2(e)(1)) & Housing Acquisition (33334.2(e)(6)):

(1) Real Estate Purchases (Line 17):	\$	
(2) Acquisition Expense (Line 20):	\$	580,425
(3) Operation of Acquired Property (Line 21):	\$	232,209
(4) Relocation Costs (Line 22):	\$	
(5) Relocation Payments (Line 23):	\$	
(6) Site Clearance Costs (Line 24):	\$	
(7) Disposal Costs (Line 26):	\$	
(8) Other (Specify) _____:	\$	
Property Acquisition Subtotal:		\$ 812,634

b. Subsidies from the LMIHF:

(1) 1st Time Homebuyer Down Payment Assistance:	\$	
(2) Rental Subsidies:	\$	
(3) Purchase of Affordability Cov. (33413(b)2(B)):	\$	
(4) Other (Specify) _____:	\$	
Subsidies Subtotal to LMIHF (line 31):		\$ _____

c. Debt Service (33334.2(e)(9)):

(1) Debt Principal Payments:

(a) Tax Allocation, Bonds & Notes:	\$	55,433
(b) Revenue Bonds & Certificates of Participation:	\$	
(c) City/County Advances & Loans:	\$	
(d) U. S. State & Other Long -Term Debt:	\$	
(2) Interest Expense (Line 29):	\$	
(3) Debt Issuance Costs (Line 31.1):	\$	
(4) Other (Specify) _____:	\$	
Debt Service Subtotal:		\$ 55,433

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

(1) Administration Costs (Line 14c):	\$	207,382
(2) Professional Services (not project based) (Line 15c):	\$	63,324
(3) Planning, Survey/Design (not project based) (Line 16c):	\$	
(4) Indirect Nonprofit Costs (33334.3(e)(1)(B)):	\$	
(5) Other (Specify) _____:	\$	
Planning and Administration Costs Subtotal:		\$ 270,706

Agency Name: Vista Community Development Commission

3. Subtotal of Expenditures and Other Uses (continued)

e.	On/Off-Site Improvements (33334.2(e)(2)):	\$	<u>393,826</u>
f.	Housing Construction (33334.2(e)(5)):	\$	<u>                    </u>
g.	Housing Rehabilitation (33334.2(e)(7)), (Line 27c):	\$	<u>7,699</u>
h.	Maintenance of Mobilehome Parks (33334.2(e)(10)):	\$	<u>                    </u>
i.	Preservation of At-Risk Units (33334.2(e)(11)):	\$	<u>                    </u>
j.	Transfers Out of Agency:		
(1)	For Use Outside Community (33334.17)	\$	<u>                    </u>
(2)	For Transit Village Development Plan (33334.19):	\$	<u>                    </u>
(3)	Excess Surplus (33334.12(a)(1)(A)):	\$	<u>                    </u>
(4)	Other (cite code section authorizing the transfer):	\$	<u>                    </u>
	Code Section _____		
	<b>Total Transfer Out of Agency:</b>	\$	<u>                    </u>
k.	Other (Specify): _____	\$	<u>                    </u>

4. Net Resources Available (End of Year [1.+2a.+2b.-3a-k.]): \$ 2,335,517

5. Other Housing Fund Assets (not included on Line 4, above):

a.	Value of Land Purchased with Housing Funds and Held for Development of Affordable Housing	\$	<u>                    </u>
b.	Indebtedness for Set-asides Deferred (Sec. 33334.6):	\$	<u>                    </u>
c.	Loans Receivable for Housing Activities	\$	<u>                    </u>
d.	Residual Receipt Loans	\$	<u>                    </u>
e.	ERAF Loans Receivable (all years) (Sec. 33681):	\$	<u>                    </u>
f.	Other Assets (Specify): _____	\$	<u>                    </u>

6. Total Fund Equity (4.+5a. through 5f.): \$ 2,335,517

This line must equal line 39c. of the Balance Sheet on the State Controller's Annual Report of Financial Transactions of Community Redevelopment Agencies.

7. Total Equities  
(Enter line 39c. from the State Controller's Balance Sheet): **THIS LINE MUST EQUAL LINE 6.** \$ 2,335,517

Excess Surplus

Pursuant to Section 33080.7, report any excess surplus funds (as defined in Section 33334.12(G)(1)). Excess surplus exists for the current reporting year if the Adjusted Balance (Schedule HCD-C, Page 3 of 5, line item 9b.(3)) of your agency's 1997/98 reporting forms exceeds the greater of \$1,000,000 or the aggregate amount of tax increments deposited into the Fund during the prior four fiscal years. (See the table in Schedule HCD-C, Page 4 of 8, line 8a., for this reporting year).

"Encumber" means committing funds pursuant to a legally enforceable contract or agreement for expenditure for authorized redevelopment housing activities (Section 33334.12(g)(2)). In accordance with Section 33334.12(g)(3)(A) and (B), the unencumbered balance may be adjusted to account for any remaining revenue added from debt proceeds and the difference between the sales price of land for affordable housing and its fair market value.

8. Excess Surplus (continued):

a. Fill in the following table to calculate and track your agency's excess surplus amounts for each fiscal year since FY 94/95.

Fiscal Year	Total Tax Increments Deposited in Housing Fund	Sum of Deposited Tax Increment in Housing Fund From Previous Four FYs	Adjusted Balance as of 7/1/98 *	Excess Surplus Balance for Each Fiscal Year as of 7/1/98	Amount Expended and Encumbered in FY 98/99 Against Each Fiscal Year's Excess Surplus as of 6/30/99	Remaining Excess Surplus for Each Fiscal Year as of 6/30/99
94-95	\$ 726,681			\$ 0	\$ 0	\$ 0
95-96	\$ 774,635			\$ 0	\$ 0	\$ 0
96-97	\$ 835,031			\$ 0	\$ 0	\$ 0
97-98	\$1,056,404			\$ 0	\$ 0	\$ 0
98-99		\$ 3,392,751	\$ 2,216,131	\$ 0	\$ 0	\$ 0

\* Adjusted Balance at the beginning of FY 98-99 is equal to the amount reported last year on HCD-C, Page 3 of 5, line 9b(3).

b. Are you eligible to adjust the Unencumbered Balance (End of Year)? If yes, identify the type and amount of the adjustment below in lines (4)(a). and (4)(b).:

- (1) Net Resources Over (Under) Expenditures and Uses (from line 4 on previous page): \$ 2,335,517
- (2) Total Encumbrances (End of Year)-see Section 33334.12(g)(2) for a definition. (Amount of line 8b(1) (above)) encumbered per agreement or contract: \$ 125,000
- (3) Unencumbered Balance (End of Year [8b(1) - 8b(2)]) \$ 2,210,517

Breakdown of Unencumbered Balance (End of Year):

- (a) Unencumbered Designated (portion of line 8b(3)) \$ 1,456,309
- (b) Unencumbered Undesignated (portion of line 8b(3)) \$ 754,208

(4) Less Adjustments:

- (a) Debt Proceeds (33334.12(g)(3)(B)): \$ \_\_\_\_\_

NOTE: ONLY INCLUDE THE UNSPENT PORTION OF DEBT PROCEEDS AND INCOME RELATED THERETO REMAINING IN THE HOUSING FUND AT THE END OF THE REPORTING YEAR.

- (b) Land Sales (33334.12(g)(3)(A)): \$ \_\_\_\_\_

- (5) Adjusted Balance: This will be the 7/1/99 adjusted balance used to calculate next year's excess surplus. \$ 2,210,517

c. If you reported an excess surplus for the current reporting year, briefly summarize the agency's plan (authorized in Section 33334.10) for encumbering or expending that amount:

d. If plan described in 8c. was adopted, enter the date the plan was adopted: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo day yr



Agency Name: Vista Community Development Comm.

**Miscellaneous Uses of Funds**

N/A

9. If an amount is reported in 3e., pursuant to Section 33080.4(a)(6), report the total number of very low-, low-, and moderate-income households directly benefited from expenditures for onsite/offsite improvements, which resulted in new construction, rehabilitation, or the elimination of health and safety hazards. (If line 3e. of this schedule does not show expenditures for improvements, no units should be reported here.)

Income Level	Construction	Rehabilitation	Health and Safety	Duration of Deed Restriction	None
Very Low					
Low					
Moderate					

10. If the agency is holding land for future housing development (see 5a., above), summarize here the sites held, including acreage, date of purchase, zoning, and anticipated start date for the housing development.

N/A

None

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.

11. 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:

N/A

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: Vista Community Development Commission

12. 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 \$ \_\_\_\_\_

13. Pursuant to Section 33080.4(a)(11), the description of the agency's activities shall include the date and amount of all deposits and withdrawals of moneys deposited to and withdrawn from the LMIHF during the reporting period. The deposit and withdrawal information must be kept and promptly submitted to HCD upon request and made available to any member of the public upon request.

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 as necessary):

Name of document: General Ledger  
Date of document: 6 / 30 / 99  
mo day yr  
Name of Agency Custodian: Dale Nielson  
Custodian telephone number: (760) 726-1340 x1023  
Where to obtain a copy: Vista City Hall

Name of document: \_\_\_\_\_  
Date of document: \_\_\_\_\_  
mo day yr  
Name of Agency Custodian: \_\_\_\_\_  
Custodian telephone number: \_\_\_\_\_  
Where to obtain a copy: \_\_\_\_\_

### Achievements

14. Please briefly describe one outstanding or innovative project, practice, or program the agency participated in during this reporting period to increase, improve or preserve the community's affordable housing supply. Provide the following information along with the program or project description:

a. Name of Project or Program: Vista Manor Mobile Home Park  
b. Contact Person: Dr. Michael Harris  
c. Telephone Number (contact person): \_\_\_\_\_  
d. Description: Non Profit Corporation Acquisition of Mobile Home Park  
Owner/Developer: Caritas of Vista  
Management Entity: Community Asset Management  
Architect: N/A  
Contractor: N/A

Funds Utilized: (Sources) Type:

Construction  Permanent Loan/Grant  Land Lease  Other Mortgage Revenue Bonds

Agency Name: Vista Community Development Commission

Development Type:

- Rental New Construction,
- Rental Rehabilitation Only
- Rental Acquisition & Rehabilitation
- New Construction of For Sale Units
- Owner Occupied Rehabilitation
- Mortgage Assistance of For Sale Units:
  - 1<sup>st</sup> Time Homebuyers
  - Other Assistance
- Other Mobile Home Park Acquisition & Rehabilitation

Resident Profile (State Income Levels) and Special Needs Designations: 1999 Income Range (4 persons)

Very-low Income	\$ <u>0</u>	\$ <u>26,250</u>	50%
Low Income	\$ <u>26,251</u>	\$ <u>42,000</u>	80%
Moderate Income	\$ _____	\$ _____	
Above Moderate Income	\$ _____	\$ _____	

N/A

#	DISABLED (MENTAL)	#	FARMWORKER (PERMANENT)	#	TRANSITIONAL HOUSING
#	DISABLED (PHYSICAL)	#	FEMALE HEAD OF HOUSEHOLD	#	ELDERLY
#	FARMWORKER (MIGRANT)	#	LARGE HOUSEHOLDS (4 or more Bedrooms)	#	EMERGENCY SHELTERS

Density (units per Acre): \_\_\_\_\_ 156 units

Development /Residential (Income Levels) Profile

Type	Size (sf)	Rental Rate	Number of Units:				Total No/Units
			VLOW	LOW	MOD	AMOD	
1 BR			32	88			120
2 BR							
3 BR							
4 BR							
TOTAL							

Funding:

Source = CDBG, HOME, LIHTC, MRB (Specify)  
 Type = Construction, Permanent Loan/Grant Land Lease or Other (Specify)

Source	Amount	Type
<u>Mobile Home Park Rev. Bonds</u>	\$ <u>\$5,965,000</u>	<u>Series 1999 A</u>
<u>M.H.P. Subordinate Rev. Bonds</u>	\$ <u>400,000</u>	<u>Series 1999 B</u>
<u>RDA Residual Receipts loan</u>	\$ <u>550,000</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	

Construction Type: (e.g., conventional, family, two story, manufactured housing etc.)

ESTIMATED SOURCES AND USES OF FUNDS

- Development Costs:
- Property Acquisition
  - Infrastructure
  - Construction
  - Public Fees
  - Project Reserves
  - Other Costs
  - Total Development Costs

Following are the estimated sources and uses of funds for the financing.

Sources of Funds	
Principal Amount of Series A Bonds	\$ 5,965,000
Principal Amount of Series B Bonds	400,000
Agency Loan	<u>550,000</u>
<b>Total Sources of Funds</b>	<b>\$ 6,915,000</b>
Uses of Funds	
Underwriter's Discount	\$ 75,300
Original Issue Discount	52,000
Project Fund	5,943,756
Series A Bonds Debt Service Reserve Fund(1)	416,941
Cost of Issuance Fund(2)	255,044
Repair and Replacement Fund	144,000
Series B Bonds Debt Service Reserve Fund(3)	<u>27,959</u>
<b>Total Uses of Funds</b>	<b>\$ 6,915,000</b>

Agency Name: Vista Community Development Commission

- e. Services provided: The Mobile Home Park Acquisition Program provides conduit and gap financing for the purchase of Mobile Home Parks in exchange for affordability restrictions of 30 years or more. The City has adopted a Policy Statement and a Memorandum of Understanding to implement this program (attached).
- f. Nature and extent of the Agency's role:  
This program restricts rent increases to a Consumer Price Index based formula for 100% of the residents in the Mobile Home Park and assures affordability. Furthermore a resident advisory board provides input into the management of the park. The program provides the benefits of a resident owned park without having the residents bear the cost of purchase.
- g. Brief History:

**Housing need or problem addressed:**

Mobile Home parks have traditionally provided affordable housing. However, in the current market the rents for mobile home parks have increased beyond the point of affordability for low and moderate income households.

**Successful aspects:**

The Commission provided gap financing in terms of a residual receipts note in the amount of \$550,000. The net effect of the affordability restrictions will be that 20% of the spaces will be restricted for rent and income requirements at 50% of Median Family Income (MFI), and 55% will be restricted for rent and income at 80% MFI. As a result, there will be 120 restricted spaces out of a total of 159 spaces in the Park.

**Unusual features:**

This program was established by the City with a Policy Statement and a Memorandum of Understanding clearly stating the program requirements. It combines the benefit of self direction of a resident owned park without the costs to the residents.

**Problems encountered:**

The Program is highly successful. The biggest problem is estimating the cost of repair and replacement where the mobile home parks are older.

**Lessons learned:**

The City/Agency or Non-profit should select the contractor conducting the physical needs assessment, not the real estate broker.

Several agencies will be selected to receive a "Director's Award for Housing Development Excellence". This award will highlight the important role of redevelopment agencies in addressing California's housing problems. Agencies will be selected based upon the description of an exemplary project or program and in consideration of the leadership role of the agency, the creativity or innovative nature of the project or program, and the overall merit of the project or program in addressing an identified housing problem or need.

**Use of Other Redevelopment Funds for Housing**

15. 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.

N/A

**Resource Needs**

16. What additional training, information, authority, or other resources would help your agency more quickly and effectively use its Housing Funds to increase, improve, and preserve affordable housing?

N/A

**SCHEDULE HCD-D1  
GENERAL PROJECT INFORMATION**

A separate Schedule HCD-D1 and all applicable Schedules HCD-D2-D7 must be completed for each Housing Project.

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Vista Manor Mobile Home Park

Project Address:

Street: 200 Olive Ave. City: Vista Zip: 92083

Owner Name: Caritas of Vista

Total Project Units: # 159      Restricted Units: # 120      Unrestricted Units: # 39  
 Total Project Bedrooms: # Unknown      Restricted Bedrooms: # 235      Unrestricted Bedrooms: # Unknown / Mobile Homes

**For projects with no Agency assistance, do not complete any more of HCD-D1 or any of HCD-D2-D6. Only complete HCD-D7.**

For the fiscal year being reported, was the Annual Monitoring Report received?:       YES       NO

Was this Project a development identified in Government Code Section 65863.10(a)(2)?       YES       NO

Number of Units Not in Compliance (income/ # of residents in unit):      # 0

Number of Bedrooms Not in Compliance (income/ # of residents in unit):      # 0

Number of Units Restricted for Special Needs:      # 0

(Note: This number must not exceed "Total Project Units")

Number of Units Restricted That are Serving One or More Special Needs: # 0       Check, if data not available

(Note: A unit may serve more than one of the "Special Needs" listed below, therefore the sum of all "Special Needs" can exceed the "Number of Units Restricted for Special Needs")

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

**Use Restriction Dates (enter appropriate dates):**

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception					3/1/99
Termination					3/1/29

**Funding Sources:**

Redevelopment Funds:      \$ 550,000  
 Federal Funds:      \$ \_\_\_\_\_  
 State Funds:      \$ \_\_\_\_\_  
 Other Local Funds:      \$ \_\_\_\_\_  
 Private Funds:      \$ 6,365,000 (Mobile Home Park Revenue Bonds)  
 Owner's Equity:      \$ \_\_\_\_\_  
 TCAC/Federal Award:      \$ \_\_\_\_\_  
 TCAC/State Award:      \$ \_\_\_\_\_  
 Total Development/Purchase Cost:      \$ 6,915,000

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Replacement Housing Units (Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:<br><input type="checkbox"/> Inside Project Area (Sch HCD-D3)<br><input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input checked="" type="checkbox"/> Other Housing Units Provided:<br><input checked="" type="checkbox"/> With LMIHF (Sch HCD-D5)<br><input type="checkbox"/> Without LMIHF (Sch HCD-D6)<br><input type="checkbox"/> Without any Agency Assistance (Sch HCD-D7) |
|---|---|--|

**SCHEDULE HCD-D5**

**OTHER HOUSING UNITS PROVIDED (WITH LMIHF)**

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Vista Manor Mobile Home Park

Check only one:

Inside Project Area                       Outside Project Area

Check only one. If both apply, complete a separate form for each:

Agency Developed                       Non-Agency Developed

Check only one. If both apply, complete a separate form for each:

Rental     Owner-Occupied

Enter the number of units for each applicable activity below:

A. **New Construction Units:**      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.

B. **Substantial Rehabilitation Units:**      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.

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

D. **Acquisition Only:**      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.

E. **Mobilehome Owner / Resident:**      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.

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.
					32	88		120	39	32	88			39

Agency Name: Vista Community Dev. Commission

Housing Project Name: Vista Manor M.H.P.

G. **Preservation (H&S 33334.2(e)(11), Rental Only):** 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.

H. **Subsidy (other than specified options here):** 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.

I. **Other Assistance:** 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.

**TOTAL UNITS** (Add totals of all shaded "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)  
 Without any Agency Assistance  
(Sch HCD-D7)

**SCHEDULE HCD-D1  
GENERAL PROJECT INFORMATION**

A separate Schedule HCD-D1 and all applicable Schedules HCD-D2-D7 must be completed for each Housing Project.

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Single Family Housing Rehabilitation

Project Address:

Street: 246 Casper Lane      City: Vista      Zip: 92083

Owner Name: Ferine Lemieux

Total Project Units: # 1      Restricted Units: # 1      Unrestricted Units: # 0  
 Total Project Bedrooms: # \_\_\_\_\_      Restricted Bedrooms: # \_\_\_\_\_      Unrestricted Bedrooms: # 0

**For projects with no Agency assistance, do not complete any more of HCD-D1 or any of HCD-D2-D6. Only complete HCD-D7.**

For the fiscal year being reported, was the Annual Monitoring Report received?:       YES       NO      N/A

Was this Project a development identified in Government Code Section 65863.10(a)(2)?       YES       NO

Number of Units Not in Compliance (income/ # of residents in unit):      # 0

Number of Bedrooms Not in Compliance (income/ # of residents in unit):      # 0

Number of Units Restricted for Special Needs:      # 0  
 (Note: This number must not exceed "Total Project Units")

Number of Units Restricted That are Serving One or More Special Needs: # 0       Check, if data not available

(Note: A unit may serve more than one of the "Special Needs" listed below, therefore the sum of all "Special Needs" can exceed the "Number of Units Restricted for Special Needs")

# _____ 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" money)

Use Restriction Dates (enter appropriate dates):      N/A

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception					
Termination					

**Funding Sources:**  
 Redevelopment Funds: \$ 19,295  
 Federal Funds: \$ \_\_\_\_\_  
 State Funds: \$ \_\_\_\_\_  
 Other Local Funds: \$ \_\_\_\_\_  
 Private Funds: \$ \_\_\_\_\_  
 Owner's Equity: \$ \_\_\_\_\_  
 TCAC/Federal Award: \$ \_\_\_\_\_  
 TCAC/State Award: \$ \_\_\_\_\_  
 Total Development/Purchase Cost: \$ 19,295

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Replacement Housing Units (Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:<br><input type="checkbox"/> Inside Project Area (Sch HCD-D3)<br><input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input checked="" type="checkbox"/> Other Housing Units Provided:<br><input checked="" type="checkbox"/> With LMIHF (Sch HCD-D5)<br><input type="checkbox"/> Without LMIHF (Sch HCD-D6)<br><input type="checkbox"/> Without <u>any</u> Agency Assistance (Sch HCD-D7) |
|---|---|---|



**SCHEDULE HCD-D5**

**OTHER HOUSING UNITS PROVIDED (WITH LMIHF)**

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Single Family Housing Rehabilitation

Check only one:

- Inside Project Area                       Outside Project Area

Check only one. If both apply, complete a separate form for each:

- Agency Developed                       Non-Agency Developed

Check only one. If both apply, complete a separate form for each:

- Rental     Owner-Occupied

Enter the number of units for each applicable activity below:

**A. New Construction Units:                      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.

**B. Substantial Rehabilitation Units:                      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.

**C. Other 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			

**D. Acquisition Only:                      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.

**E. Mobilehome Owner / Resident:                      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.

**F. Mobilehome Park Owner / Resident:                      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.

Agency Name: Vista Community Development Comm.

Housing Project Name: Single Family Housing Rehab

G. **Preservation (H&S 33334.2(e)(11), Rental Only):**

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.

H. **Subsidy (other than specified options here):**

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.

I. **Other Assistance:**

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.

**TOTAL UNITS** (Add totals of all shaded "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)

Without any Agency Assistance  
(Sch HCD-D7)

**SCHEDULE HCD-D1  
GENERAL PROJECT INFORMATION**

A separate Schedule HCD-D1 and all applicable Schedules HCD-D2-D7 must be completed for each Housing Project.

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Cedar Road Apts.

Project Address:

**Street:** 245 Cedar Rd.                      **City:** Vista                      **Zip:** 92083

Owner Name: Cedar Road Assoc.

Total Project Units:                      Restricted Units:                      Unrestricted Units:  
# 40    # 40    # 0  
Total Project Bedrooms: # 110                      Restricted Bedrooms: # 110                      Unrestricted Bedrooms: # 0

**For projects with no Agency assistance, do not complete any of HCD-D1 or any of HCD-D2-D6. Only complete HCD-D7.**

For the fiscal year being reported, was the Annual Monitoring Report received?:                       YES     NO

Was this Project a development identified in Government Code Section 65863.10(a)(2)?                       YES     NO

Number of Units Not in Compliance (income/ # of residents in unit):                      # 0

Number of Bedrooms Not in Compliance (income/ # of residents in unit):                      # 0

Number of Units Restricted for Special Needs:                      # 12

(Note: This number must not exceed "Total Project Units")

Number of Units Restricted That are Serving One or More Special Needs: # 12     Check, if data not available

(Note: A unit may serve more than one of the "Special Needs" listed below, therefore the sum of all "Special Needs" can exceed the "Number of Units Restricted for Special Needs")

# <u>    </u> DISABLED (Mental)	# <u>    </u> FARMWORKER (Permanent)	# <u>12</u> TRANSITIONAL HOUSING
# <u>    </u> DISABLED (Physical)	# <u>    </u> FEMALE HEAD OF HOUSHOLD	# <u>    </u> ELDERLY
# <u>    </u> FARMWORKER (Migrant)	# <u>    </u> LARGE FAMILY (4 or more Bedrooms)	# <u>    </u> EMERGENCY SHELTERS (allowable use <u>only</u> with "Other Housing Units Provided - Without LMIHF" money)

**Use Restriction Dates (enter appropriate dates):**

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception				6/30/93	
Termination				6/30/48	

**Funding Sources:**

Redevelopment Funds:                      \$ 376,435  
Federal Funds                                      \$ 1,000,000  
State Funds:                                      \$ 2346,005  
Other Local Funds:                              \$ 50,868  
Private Funds:                                      \$ 846,793  
Owner's Equity:                                      \$       
TCAC/Federal Award:                              \$       
TCAC/State Award:                              \$       
Total Development/Purchase Cost:                      \$ 4,620,101

**Check all appropriate form(s) listed below that will be used to identify all Project Units or Project Bedrooms:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Replacement Housing Units<br>(Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:<br><input type="checkbox"/> <u>Inside</u> Project Area (Sch HCD-D3)<br><input type="checkbox"/> <u>Outside</u> Project Area (Sch HCD-D4) | Other Housing Units Provided:<br><input checked="" type="checkbox"/> <u>With</u> LMIHF (Sch HCD-D5)<br><input type="checkbox"/> <u>Without</u> LMIHF (Sch HCD-D6)<br><input type="checkbox"/> <u>Without any</u> Agency Assistance<br>(Sch HCD-D7) |
|--|---|--|

**SCHEDULE HCD-D5**

**OTHER HOUSING UNITS PROVIDED (WITH LMIHF)**

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Cedar Road

Check only one:

Inside Project Area                       Outside Project Area

Check only one. If both apply, complete a separate form for each:

Agency Developed                       Non-Agency Developed

Check only one. If both apply, complete a separate form for each:

Rental     Owner-Occupied

Enter the number of units for each applicable activity below:

**A. New Construction 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.
					40								40	

**B. Substantial Rehabilitation Units:      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.

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

**D. Acquisition Only:      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.

**E. Mobilehome Owner / Resident:      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.

**F. Mobilehome Park Owner / Resident:      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.

Agency Name: Vista Community Development Comm.

Housing Project Name: Cedar Road Apts.

G. **Preservation (H&S 33334.2(e)(11), Rental Only):** 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.

H. **Subsidy (other than specified options here):** 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.

I. **Other Assistance:** 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.

**TOTAL UNITS** (Add totals of all shaded "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)  
 Without any Agency Assistance  
(Sch HCD-D7)

**SCHEDULE HCD-D1  
GENERAL PROJECT INFORMATION**

A separate Schedule HCD-D1 and all applicable Schedules HCD-D2-D7 must be completed for each Housing Project.

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Vista Hidden Valley Apts.

Project Address:

Street: 777 Anns Way City: Vista Zip: 92083

Owner Name: Vista Hidden Valley Associates

Total Project Units: # 50      Restricted Units: # 10      Unrestricted Units: # 40  
 Total Project Bedrooms: # 58      Restricted Bedrooms: # 12      Unrestricted Bedrooms: # 46

**For projects with no Agency assistance, do not complete any more of HCD-D1 or any of HCD-D2-D6. Only complete HCD-D7.**

For the fiscal year being reported, was the Annual Monitoring Report received?:  YES  NO

Was this Project a development identified in Government Code Section 65863.10(a)(2)?  YES  NO

Number of Units Not in Compliance (income/ # of residents in unit): # 0

Number of Bedrooms Not in Compliance (income/ # of residents in unit): # 0

Number of Units Restricted for Special Needs: # 50

(Note: This 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 more than one of the "Special Needs" listed below, therefore the sum of all "Special Needs" can exceed the "Number of Units Restricted for Special Needs")

# _____ DISABLED (Mental)	# _____ FARMWORKER (Permanent)	# _____ TRANSITIONAL HOUSING
# _____ DISABLED (Physical)	# _____ FEMALE HEAD OF HOUSHOLD	# <u>50</u> ELDERLY
# _____ FARMWORKER (Migrant)	# _____ LARGE FAMILY (4 or more Bedrooms)	# _____ EMERGENCY SHELTERS (allowable use <u>only</u> with "Other Housing Units Provided - Without LMIHF" money)

Use Restriction Dates (enter appropriate dates):

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception				7/1/95	
Termination				8/1/25	

Funding Sources:

Redevelopment Funds: \$ 890,000  
 Federal Funds: \$ \_\_\_\_\_  
 State Funds: \$ \_\_\_\_\_  
 Other Local Funds: \$ 1,575,000  
 Private Funds: \$ 2,980,000 (Bond Financing)  
 Owner's Equity: \$ \_\_\_\_\_  
 TCAC/Federal Award: \$ \_\_\_\_\_  
 TCAC/State Award: \$ \_\_\_\_\_  
 Total Development/Purchase Cost: \$ 5,445,000

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Replacement Housing Units<br>(Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:<br><input type="checkbox"/> Inside Project Area (Sch HCD-D3)<br><input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input checked="" type="checkbox"/> Other Housing Units Provided:<br><input checked="" type="checkbox"/> With LMIHF (Sch HCD-D5)<br><input type="checkbox"/> Without LMIHF (Sch HCD-D6)<br><input type="checkbox"/> Without <u>any</u> Agency Assistance<br>(Sch HCD-D7) |
|--|---|--|

**SCHEDULE HCD-D5**

**OTHER HOUSING UNITS PROVIDED (WITH LMIHF)**

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Vista Hidden Valley

Check only one:

Inside Project Area                       Outside Project Area

Check only one. If both apply, complete a separate form for each:

Agency Developed                       Non-Agency Developed

Check only one. If both apply, complete a separate form for each:

Rental                                       Owner-Occupied

Enter the number of units for each applicable activity below:

**A. New Construction 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.
10			10	40						10			40	40

**B. Substantial Rehabilitation Units:**

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.

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

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.

**D. Acquisition Only:**

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.

**E. Mobilehome Owner / Resident:**

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.

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

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.

Agency Name: Vista Community Dev. Commission

Housing Project Name: Hidden Valley

G. **Preservation (H&S 33334.2(e)(11), Rental Only):** 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.

H. **Subsidy (other than specified options here):** 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.

I. **Other Assistance:** 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.

**TOTAL UNITS** (Add totals of all shaded "Total Elderly / Non Elderly Units"):

10

**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"/> Other Housing Units Provided:              |
|   | <input type="checkbox"/> Inside Project Area (Sch HCD-D3)  | <input type="checkbox"/> Without LMIHF (Sch HCD-D6)                 |
|   | <input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input type="checkbox"/> Without any Agency Assistance (Sch HCD-D7) |



**SCHEDULE HCD-D1  
GENERAL PROJECT INFORMATION**

A separate Schedule HCD-D1 and all applicable Schedules HCD-D2-D7 must be completed for each Housing Project.

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Nettleton Road

Project Address:

Street: 160 Nettleton Rd. City: Vista Zip: 92083

Owner Name: Community Housing of North County

Total Project Units: # 28      Restricted Units: # 28      Unrestricted Units: # 0  
 Total Project Bedrooms: # 78      Restricted Bedrooms: # 78      Unrestricted Bedrooms: # 0

**For projects with no Agency assistance, do not complete any more of HCD-D1 or any of HCD-D2-D6. Only complete HCD-D7.**

For the fiscal year being reported, was the Annual Monitoring Report received?:       YES     NO

Was this Project a development identified in Government Code Section 65863.10(a)(2)?       YES     NO

Number of Units Not in Compliance (income/ # of residents in unit):      # 0

Number of Bedrooms Not in Compliance (income/ # of residents in unit):      # 0

Number of Units Restricted for Special Needs:      # 20

(Note: This 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 more than one of the "Special Needs" listed below, therefore the sum of all "Special Needs" can exceed the "Number of Units Restricted for Special Needs")

# _____ DISABLED (Mental)	# _____ FARMWORKER (Permanent)	# <u>10</u> TRANSITIONAL HOUSING
# <u>2</u> DISABLED (Physical)	# _____ FEMALE HEAD OF HOUSHOLD	# _____ ELDERLY
# _____ FARMWORKER (Migrant)	# <u>8</u> LARGE FAMILY (4 or more Bedrooms)	# _____ EMERGENCY SHELTERS (allowable use <u>only</u> with "Other Housing Units Provided - Without LMIHF" money)

**Use Restriction Dates (enter appropriate dates):**

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception				6/30/93	
Termination				6/30/48	

**Funding Sources:**

Redevelopment Funds: \$ 1,516,012  
 Federal Funds: \$ 299,000  
 State Funds: \$ \_\_\_\_\_  
 Other Local Funds: \$ \_\_\_\_\_  
 Private Funds: \$ 60,000  
 Owner's Equity: \$ \_\_\_\_\_ sold for \_\_\_\_\_  
 TCAC/Federal Award: \$ 2,735,700 (2,019,987)  
 TCAC/State Award: \$ 0  
 Total Development/Purchase Cost: \$ 4,610,812

**Check all appropriate form(s) listed below that will be used to identify all Project Units or Project Bedrooms:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Replacement Housing Units (Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:<br><input type="checkbox"/> Inside Project Area (Sch HCD-D3)<br><input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input checked="" type="checkbox"/> Other Housing Units Provided:<br><input checked="" type="checkbox"/> With LMIHF (Sch HCD-D5)<br><input type="checkbox"/> Without LMIHF (Sch HCD-D6)<br><input type="checkbox"/> Without <u>any</u> Agency Assistance (Sch HCD-D7) |
|---|---|---|

**SCHEDULE HCD-D5**

**OTHER HOUSING UNITS PROVIDED (WITH LMIHF)**

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Nettleton Rd.

Check only one:

Inside Project Area                       Outside Project Area

Check only one. If both apply, complete a separate form for each:

Agency Developed                       Non-Agency Developed

Check only one. If both apply, complete a separate form for each:

Rental     Owner-Occupied

Enter the number of units for each applicable activity below:

**A. New Construction 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.
					28					28				

**B. Substantial Rehabilitation Units: 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.

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

**D. Acquisition Only: 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.

**E. Mobilehome Owner / Resident: 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.

**F. Mobilehome Park Owner / Resident: 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.

Agency Name: Vista Community Dev. Commission

Housing Project Name: Nettleton Rd.

G. **Preservation (H&S 33334.2(e)(11), Rental Only):** 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.

H. **Subsidy (other than specified options here):** 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.

I. **Other Assistance:** 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.

**TOTAL UNITS** (Add totals of all shaded "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)  
 Without any Agency Assistance  
(Sch HCD-D7)

**SCHEDULE HCD-D1  
GENERAL PROJECT INFORMATION**

A separate Schedule HCD-D1 and all applicable Schedules HCD-D2-D7 must be completed for each Housing Project.  
Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Corona Del Vista

Project Address:

Street: 1501 Anza Ave. City: Vista Zip: 92084

Owner Name: Corona Del Vista

Total Project Units: # 16 n/a Restricted Units: # n/a mobile homes Unrestricted Units: # n/a mobile home  
Total Project Bedrooms: # mobile ho Restricted Bedrooms: # n/a Unrestricted Bedrooms: # n/a

**For projects with no Agency assistance, do not complete any more of HCD-D1 or any of HCD-D2-D6. Only complete HCD-D7.**

For the fiscal year being reported, was the Annual Monitoring Report received?:  YES  NO  N/A

Was this Project a development identified in Government Code Section 65863.10(a)(2)?  YES  NO

Number of Units Not in Compliance (income/ # of residents in unit): # 0

Number of Bedrooms Not in Compliance (income/ # of residents in unit): # 0

Number of Units Restricted for Special Needs: # 0  
(Note: This number must not exceed "Total Project Units")

Number of Units Restricted That are Serving One or More Special Needs: # 0  Check, if data not available

(Note: A unit may serve more than one of the "Special Needs" listed below, therefore the sum of all "Special Needs" can exceed the "Number of Units Restricted for Special Needs")

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

Use Restriction Dates (enter appropriate dates):

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception				12/1/93	
Termination				12/1/23	

Funding Sources:

Redevelopment Funds: \$ 123,200  
Federal Funds: \$ \_\_\_\_\_  
State Funds: \$ \_\_\_\_\_  
Other Local Funds: \$ \_\_\_\_\_  
Private Funds: \$ \_\_\_\_\_  
Owner's Equity: \$ \_\_\_\_\_  
TCAC/Federal Award: \$ \_\_\_\_\_  
TCAC/State Award: \$ \_\_\_\_\_  
Total Development/Purchase Cost: \$ 123,200

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

- 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)
  - Without any Agency Assistance (Sch HCD-D7)

**SCHEDULE HCD-D5**

**OTHER HOUSING UNITS PROVIDED (WITH LMIHF)**

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Corona Del Vista

Check only one:

- Inside Project Area                       Outside Project Area

Check only one. If both apply, complete a separate form for each:

- Agency Developed                       Non-Agency Developed

Check only one. If both apply, complete a separate form for each:

- Rental     Owner-Occupied

Enter the number of units for each applicable activity below:

**A. New Construction 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.

**B. 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.

**C. Other 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 Only:**

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.
						16					16			

**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: Vista Community Dev. Commission

Housing Project Name: Corona Del Vista

**G. Preservation (H&S 33334.2(e)(11), Rental Only):**

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 specified options here):**

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 totals of all shaded "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)
    - Without any Agency Assistance (Sch HCD-D7)



**SCHEDULE HCD-D6**

**OTHER HOUSING UNITS PROVIDED (WITHOUT LMIHF)**

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Estrella De Oro Mobile Home Park

Check only one:

Inside Project Area                       Outside Project Area                      MRB

Check only one. If both apply, complete a separate form for each:

Agency Developed                       Non-Agency Developed

Check only one. If both apply, complete a separate form for each:

Rental                       Owner-Occupied

Enter the number of units for each applicable activity below:

**A. New Construction Units:**

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

**B. Substantial Rehabilitation Units:**

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

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

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

**D. Acquisition Only:**

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

**E. Mobilehome Owner / Resident:**

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

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

Elderly Units						Non Elderly Units						Total Elderly & Non Elderly Units					
VLOW.	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG
						22				22	85	22					85



Agency Name: Vista Community Development Comm. Housing Project Name: Estrella De Oro

**G. Preservation (H&S 33334.2(e)(11), Rental Only):**

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

**H. Preservation / Replacement (H&S 33334.3(h)):**

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

**I. Rental Replacement (H&S 33334.3(f)(1)(A)):**

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

**J. Subsidy (other than specified options here):**

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

**K. Other Assistance:**

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

**TOTAL UNITS** (Add totals of all shaded "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:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Replacement Housing Units (Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:               | <input type="checkbox"/> Other Housing Units Provided:              |
|   | <input type="checkbox"/> Inside Project Area (Sch HCD-D3)  | <input type="checkbox"/> With LMIHF (Sch HCD-D5)                    |
|   | <input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input type="checkbox"/> Without any Agency Assistance (Sch HCD-D7) |

**SCHEDULE HCD-D1  
GENERAL PROJECT INFORMATION**

A separate Schedule HCD-D1 and all applicable Schedules HCD-D2-D7 must be completed for each Housing Project.

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Shadowridge Apartments

20% restricted

Project Address:

Street: 915 Brooktree Ln      City: Vista      Zip: 92083

Owner Name: LBK LP

Total Project Units: # 148      Restricted Units: # 30      Unrestricted Units: # 118  
 Total Project Bedrooms: # 240      Restricted Bedrooms: # 72      Unrestricted Bedrooms: # 168

**For projects with no Agency assistance, do not complete any more of HCD-D1 or any of HCD-D2-D6. Only complete HCD-D7.**

For the fiscal year being reported, was the Annual Monitoring Report received?:       YES       NO

Was this Project a development identified in Government Code Section 65863.10(a)(2)?       YES       NO

Number of Units Not in Compliance (income/ # of residents in unit):      # 0

Number of Bedrooms Not in Compliance (income/ # of residents in unit):      # 0

Number of Units Restricted for Special Needs:      # 0

(Note: This number must not exceed "Total Project Units")

Number of Units Restricted That are Serving One or More Special Needs: # 0       Check, if data not available

(Note: A unit may serve more than one of the "Special Needs" listed below, therefore the sum of all "Special Needs" can exceed the "Number of Units Restricted for Special Needs")

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

Use Restriction Dates (enter appropriate dates):

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception					10/1/98
Termination					5/1/32

Funding Sources:

Redevelopment Funds: \$ \_\_\_\_\_  
 Federal Funds: \$ \_\_\_\_\_  
 State Funds: \$ \_\_\_\_\_  
 Other Local Funds: \$ \_\_\_\_\_  
 Private Funds: \$ 8,640,000  
 Owner's Equity: \$ \_\_\_\_\_  
 TCAC/Federal Award: \$ \_\_\_\_\_  
 TCAC/State Award: \$ \_\_\_\_\_  
 Total Development/Purchase Cost: \$ 8,640,000 (Mortgage Revenue Bonds)

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Replacement Housing Units (Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:<br><input type="checkbox"/> Inside Project Area (Sch HCD-D3)<br><input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input type="checkbox"/> Other Housing Units Provided:<br><input type="checkbox"/> With LMIHF (Sch HCD-D5)<br><input checked="" type="checkbox"/> Without LMIHF (Sch HCD-D6)<br><input type="checkbox"/> Without <u>any</u> Agency Assistance (Sch HCD-D7) |
|---|---|--|

**SCHEDULE HCD-D6**

**OTHER HOUSING UNITS PROVIDED (WITHOUT LMIHF)**

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Shadowridge Apartments

MRB

Check only one:

Inside Project Area                       Outside Project Area

Check only one. If both apply, complete a separate form for each:

Agency Developed                       Non-Agency Developed

Check only one. If both apply, complete a separate form for each:

Rental     Owner-Occupied

Enter the number of units for each applicable activity below:

**A. New Construction Units:**

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

**B. Substantial Rehabilitation Units:**

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

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

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

**D. Acquisition Only:**

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

**E. Mobilehome Owner / Resident:**

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

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

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

Agency Name: Vista Community Development Comm.

Housing Project Name: Shadowridge Apts.

**G. Preservation (H&S 33334.2(e)(11), Rental Only):**

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

**H. Preservation / Replacement (H&S 33334.3(h)):**

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

**I. Rental Replacement (H&S 33334.3(f)(1)(A)):**

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

**J. Subsidy (other than specified options here):**

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

**K. Other Assistance:**

Elderly Units						Non Elderly Units						Total Elderly & Non Elderly Units					
VLOW.	LOW	MOD	AMOD	TOTAL	INELG	VLOW.	LOW	MOD	AMOD	TOTAL	INELG	VLOW.	LOW	MOD	AMOD	TOTAL	INELG
													30				

**TOTAL UNITS** (Add totals of all shaded "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:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Replacement Housing Units (Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:               | <input type="checkbox"/> Other Housing Units Provided:              |
|   | <input type="checkbox"/> Inside Project Area (Sch HCD-D3)  | <input type="checkbox"/> With LMIHF (Sch HCD-D5)                    |
|   | <input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input type="checkbox"/> Without any Agency Assistance (Sch HCD-D7) |

**SCHEDULE HCD-D1  
GENERAL PROJECT INFORMATION**

A separate Schedule HCD-D1 and all applicable Schedules HCD-D2-D7 must be completed for each Housing Project.

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Pepperwood Apts

Project Address:

Street: 2144 University Dr. City: Vista Zip: 92083

Owner Name: BLT Partnership No 2

Total Project Units: # 240      Restricted Units: # 49      Unrestricted Units: # 197  
 Total Project Bedrooms: # 316      Restricted Bedrooms: # 63      Unrestricted Bedrooms: # 253

**For projects with no Agency assistance, do not complete any more of HCD-D1 or any of HCD-D2-D6. Only complete HCD-D7.**

For the fiscal year being reported, was the Annual Monitoring Report received?:  YES  NO

Was this Project a development identified in Government Code Section 65863.10(a)(2)?  YES  NO

Number of Units Not in Compliance (income/ # of residents in unit): # 0

Number of Bedrooms Not in Compliance (income/ # of residents in unit): # 0

Number of Units Restricted for Special Needs: # 0

(Note: This number must not exceed "Total Project Units")

Number of Units Restricted That are Serving One or More Special Needs: # 0  Check, if data not available

(Note: A unit may serve more than one of the "Special Needs" listed below, therefore the sum of all "Special Needs" can exceed the "Number of Units Restricted for Special Needs")

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

Use Restriction Dates (enter appropriate dates):

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception					5/1/95
Termination					6/1/05

Funding Sources:

Redevelopment Funds: \$ \_\_\_\_\_  
 Federal Funds: \$ \_\_\_\_\_  
 State Funds: \$ \_\_\_\_\_  
 Other Local Funds: \$ \_\_\_\_\_  
 Private Funds: \$ 7,500,000  
 Owner's Equity: \$ \_\_\_\_\_ (Mortgage revenue Bonds)  
 TCAC/Federal Award: \$ \_\_\_\_\_  
 TCAC/State Award: \$ \_\_\_\_\_  
 Total Development/Purchase Cost: \$ 7,500,000

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Replacement Housing Units<br>(Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:<br><input type="checkbox"/> Inside Project Area (Sch HCD-D3)<br><input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input checked="" type="checkbox"/> Other Housing Units Provided:<br><input type="checkbox"/> With LMIHF (Sch HCD-D5)<br><input checked="" type="checkbox"/> Without LMIHF (Sch HCD-D6)<br><input type="checkbox"/> Without any Agency Assistance<br>(Sch HCD-D7) |
|--|---|---|

**SCHEDULE HCD-D6**

**OTHER HOUSING UNITS PROVIDED (WITHOUT LMIHF)**

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Pepperwood Apartments

Check only one:

Inside Project Area                       Outside Project Area

Check only one. If both apply, complete a separate form for each:

Agency Developed                       Non-Agency Developed

Check only one. If both apply, complete a separate form for each:

Rental     Owner-Occupied

Enter the number of units for each applicable activity below:

**A. New Construction Units:**

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

**B. Substantial Rehabilitation Units:**

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

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

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

**D. Acquisition Only:**

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

**E. Mobilehome Owner / Resident:**

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

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

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

Agency Name: Vista Community Development Comm. Housing Project Name: Pepperwood

**G. Preservation (H&S 33334.2(e)(11), Rental Only):**

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

**H. Preservation / Replacement (H&S 33334.3(h)):**

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

**I. Rental Replacement (H&S 33334.3(f)(1)(A)):**

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

**J. Subsidy (other than specified options here):**

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

**K. Other Assistance:**

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

**TOTAL UNITS** (Add totals of all shaded "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:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Replacement Housing Units (Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:               | <input type="checkbox"/> Other Housing Units Provided:              |
|   | <input type="checkbox"/> Inside Project Area (Sch HCD-D3)  | <input type="checkbox"/> With LMIHF (Sch HCD-D5)                    |
|   | <input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input type="checkbox"/> Without any Agency Assistance (Sch HCD-D7) |

**SCHEDULE HCD-D1  
GENERAL PROJECT INFORMATION**

A separate Schedule HCD-D1 and all applicable Schedules HCD-D2-D7 must be completed for each Housing Project.

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Vista Hacienda Apts.

Project Address:

**Street:** 365 Pomelo Dr. **City:** Vista **Zip:** 92083

Owner Name: American Assets Inc.

Total Project Units: # 460      Restricted Units: # 92      Unrestricted Units: # 368  
 Total Project Bedrooms: # 763      Restricted Bedrooms: # 153      Unrestricted Bedrooms: # 610

**For projects with no Agency assistance, do not complete any more of HCD-D1 or any of HCD-D2-D6. Only complete HCD-D7.**

For the fiscal year being reported, was the Annual Monitoring Report received?:  YES  NO

Was this Project a development identified in Government Code Section 65863.10(a)(2)?  YES  NO

Number of Units Not in Compliance (income/ # of residents in unit): # 0

Number of Bedrooms Not in Compliance (income/ # of residents in unit): # 0

Number of Units Restricted for Special Needs: # 0

(Note: This number must not exceed "Total Project Units")

Number of Units Restricted That are Serving One or More Special Needs: # 0  Check, if data not available

(Note: A unit may serve more than one of the "Special Needs" listed below, therefore the sum of all "Special Needs" can exceed the "Number of Units Restricted for Special Needs")

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

Use Restriction Dates (enter appropriate dates):

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception					4/16/92
Termination					4/1/17

Funding Sources:

Redevelopment Funds: \$ \_\_\_\_\_  
 Federal Funds: \$ \_\_\_\_\_  
 State Funds: \$ \_\_\_\_\_  
 Other Local Funds: \$ \_\_\_\_\_  
 Private Funds: \$ 19,160,000  
 Owner's Equity: \$ \_\_\_\_\_  
 TCAC/Federal Award: \$ \_\_\_\_\_  
 TCAC/State Award: \$ \_\_\_\_\_  
 Total Development/Purchase Cost: \$ 19,160,000

(multi-family housing revenue Bonds)

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Replacement Housing Units<br>(Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:<br><input type="checkbox"/> Inside Project Area (Sch HCD-D3)<br><input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input type="checkbox"/> Other Housing Units Provided:<br><input type="checkbox"/> With LMIHF (Sch HCD-D5)<br><input checked="" type="checkbox"/> Without LMIHF (Sch HCD-D6)<br><input type="checkbox"/> Without any Agency Assistance<br>(Sch HCD-D7) |
|--|---|--|



**SCHEDULE HCD-D6**

**OTHER HOUSING UNITS PROVIDED (WITHOUT LMIHF)**

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Vista Hacienda Apts.

Check only one:

Inside Project Area       Outside Project Area

Check only one. If both apply, complete a separate form for each:

Agency Developed       Non-Agency Developed

MRB

Check only one. If both apply, complete a separate form for each:

Rental       Owner-Occupied

Enter the number of units for each applicable activity below:

**A. New Construction Units:**

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

**B. Substantial Rehabilitation Units:**

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

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

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

**D. Acquisition Only:**

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

**E. Mobilehome Owner / Resident:**

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

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

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

Agency Name: Vista Community Development Comm.

Housing Project Name: Vista Hacienda

**G. Preservation (H&S 33334.2(e)(11), Rental Only):**

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

**H. Preservation / Replacement (H&S 33334.3(h)):**

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

**I. Rental Replacement (H&S 33334.3(f)(1)(A)):**

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

**J. Subsidy (other than specified options here):**

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

**K. Other Assistance:**

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

**TOTAL UNITS** (Add totals of all shaded "Total Elderly / Non Elderly Units"): 92

**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)

Without any Agency Assistance (Sch HCD-D7)

**SCHEDULE HCD-D1  
GENERAL PROJECT INFORMATION**

A separate Schedule HCD-D1 and all applicable Schedules HCD-D2-D7 must be completed for each Housing Project.

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": N/A

Housing Project Name: Tenant Based Rental Assistance

Project Address:

Street: City-wide City: Vista Zip: 92083 & 92084

Owner Name: N/A

Total Project Units: # 71      Restricted Units: # N/A-Tenant Based Rental      Unrestricted Units: # N/A  
 Total Project Bedrooms: # 142      Restricted Bedrooms: # N/A      Unrestricted Bedrooms: # N/A

**For projects with no Agency assistance, do not complete any more of HCD-D1 or any of HCD-D2-D6. Only complete HCD-D7.**

For the fiscal year being reported, was the Annual Monitoring Report received?:  YES  NO N/A

Was this Project a development identified in Government Code Section 65863.10(a)(2)?  YES  NO

Number of Units Not in Compliance (income/ # of residents in unit): # 0

Number of Bedrooms Not in Compliance (income/ # of residents in unit): # 0

Number of Units Restricted for Special Needs: # 0

(Note: This number must not exceed "Total Project Units")

Number of Units Restricted That are Serving One or More Special Needs: # 0  Check, if data not available

(Note: A unit may serve more than one of the "Special Needs" listed below, therefore the sum of all "Special Needs" can exceed the "Number of Units Restricted for Special Needs")

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

Use Restriction Dates (enter appropriate dates): N/A

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception					
Termination					

Funding Sources:

Redevelopment Funds: \$             
 Federal Funds: \$ 232,122  
 State Funds: \$             
 Other Local Funds: \$             
 Private Funds: \$             
 Owner's Equity: \$             
 TCAC/Federal Award: \$             
 TCAC/State Award: \$             
 Total Development/Purchase Cost: \$ 232,122

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Replacement Housing Units (Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:<br><input type="checkbox"/> Inside Project Area (Sch HCD-D3)<br><input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input type="checkbox"/> Other Housing Units Provided:<br><input type="checkbox"/> With LMIHF (Sch HCD-D5)<br><input checked="" type="checkbox"/> Without LMIHF (Sch HCD-D6)<br><input type="checkbox"/> Without <u>any</u> Agency Assistance (Sch HCD-D7) |
|---|---|--|

**SCHEDULE HCD-D6**

**OTHER HOUSING UNITS PROVIDED (WITHOUT LMIHF)**

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": City-Wide

Housing Project Name: Tenant Based Rental Assistance

Check only one:

- Inside Project Area                       Outside Project Area

N/A

Check only one. If both apply, complete a separate form for each:

- Agency Developed                       Non-Agency Developed

Check only one. If both apply, complete a separate form for each:

- Rental     Owner-Occupied

Enter the number of units for each applicable activity below:

**A. New Construction Units:**

N/A

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

**B. Substantial Rehabilitation Units:**

N/A

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

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

N/A

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

**D. Acquisition Only:**

N/A

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

**E. Mobilehome Owner / Resident:**

N/A

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

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

N/A

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

Agency Name: Vista Community Dev. Commission

Housing Project Name: Tenant Based Rental Asst.

**G. Preservation (H&S 33334.2(e)(11), Rental Only):**

N/A

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

**H. Preservation / Replacement (H&S 33334.3(h)):**

N/A

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

**I. Rental Replacement (H&S 33334.3(f)(1)(A)):**

N/A

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

**J. Subsidy (other than specified options here):**

Rental Assistance

Elderly Units						Non Elderly Units						Total Elderly & Non Elderly Units					
VLOW.	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG
							71			71			71				71

**K. Other Assistance:**

N/A

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

**TOTAL UNITS** (Add totals of all shaded "Total Elderly / Non Elderly Units"):

71



**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)

Without any Agency Assistance (Sch HCD-D7)

**SCHEDULE HCD-D1  
GENERAL PROJECT INFORMATION**

A separate Schedule HCD-D1 and all applicable Schedules HCD-D2-D7 must be completed for each Housing Project.

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": "Outside"

Housing Project Name: Mobile Home Rehabilitation

Project Address:

Street: 1600 E. Vista Way #62 City: Vista Zip: 92084

Owner Name: \_\_\_\_\_

Total Project Units: # 1      Restricted Units: # 1      Unrestricted Units: # 0  
 Total Project Bedrooms: # \_\_\_\_\_      Restricted Bedrooms: # \_\_\_\_\_      Unrestricted Bedrooms: # 0

**For projects with no Agency assistance, do not complete any more of HCD-D1 or any of HCD-D2-D6. Only complete HCD-D7.**

For the fiscal year being reported, was the Annual Monitoring Report received?:  YES  NO  n/a

Was this Project a development identified in Government Code Section 65863.10(a)(2)?  YES  NO

Number of Units Not in Compliance (income/ # of residents in unit): # 0

Number of Bedrooms Not in Compliance (income/ # of residents in unit): # 0

Number of Units Restricted for Special Needs: # 0

(Note: This number must not exceed "Total Project Units")

Number of Units Restricted That are Serving One or More Special Needs: # 0  Check, if data not available

(Note: A unit may serve more than one of the "Special Needs" listed below, therefore the sum of all "Special Needs" can exceed the "Number of Units Restricted for Special Needs")

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

Use Restriction Dates (enter appropriate dates):

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception					8/6/98
Termination					8/7/00

Funding Sources:

Redevelopment Funds: \$ \_\_\_\_\_  
 Federal Funds: \$ 10,000  
 State Funds: \$ \_\_\_\_\_  
 Other Local Funds: \$ \_\_\_\_\_  
 Private Funds: \$ \_\_\_\_\_  
 Owner's Equity: \$ \_\_\_\_\_  
 TCAC/Federal Award: \$ \_\_\_\_\_  
 TCAC/State Award: \$ \_\_\_\_\_  
 Total Development/Purchase Cost: \$ 10,000

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Replacement Housing Units<br>(Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:<br><input type="checkbox"/> Inside Project Area (Sch HCD-D3)<br><input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input type="checkbox"/> Other Housing Units Provided:<br><input type="checkbox"/> With LMIHF (Sch HCD-D5)<br><input checked="" type="checkbox"/> Without LMIHF (Sch HCD-D6)<br><input type="checkbox"/> Without <u>any</u> Agency Assistance<br>(Sch HCD-D7) |
|--|---|---|

**SCHEDULE HCD-D1  
GENERAL PROJECT INFORMATION**

A separate Schedule HCD-D1 and all applicable Schedules HCD-D2-D7 must be completed for each Housing Project.

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": "Outside"

Housing Project Name: Mobile Home Rehabilitation

Project Address:

Street: 1501 Anza Ave. #1 City: Vista Zip: 92084

Owner Name: Mary Hooker

Total Project Units: # 1      Restricted Units: # 1      Unrestricted Units: # 0  
 Total Project Bedrooms: # 1      Restricted Bedrooms: # 1      Unrestricted Bedrooms: # 0

**For projects with no Agency assistance, do not complete any more of HCD-D1 or any of HCD-D2-D6. Only complete HCD-D7.**

For the fiscal year being reported, was the Annual Monitoring Report received?:  YES  NO n/a

Was this Project a development identified in Government Code Section 65863.10(a)(2)?  YES  NO

Number of Units Not in Compliance (income/ # of residents in unit): # 0

Number of Bedrooms Not in Compliance (income/ # of residents in unit): # 0

Number of Units Restricted for Special Needs: # 0

(Note: This number must not exceed "Total Project Units")

Number of Units Restricted That are Serving One or More Special Needs: # 0  Check, if data not available

(Note: A unit may serve more than one of the "Special Needs" listed below, therefore the sum of all "Special Needs" can exceed the "Number of Units Restricted for Special Needs")

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

Use Restriction Dates (enter appropriate dates):

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception					8/6/98
Termination					8/7/00

Funding Sources:

Redevelopment Funds: \$ \_\_\_\_\_  
 Federal Funds: \$ 10,079  
 State Funds: \$ \_\_\_\_\_  
 Other Local Funds: \$ \_\_\_\_\_  
 Private Funds: \$ \_\_\_\_\_  
 Owner's Equity: \$ \_\_\_\_\_  
 TCAC/Federal Award: \$ \_\_\_\_\_  
 TCAC/State Award: \$ \_\_\_\_\_  
 Total Development/Purchase Cost: \$ 10,079

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Replacement Housing Units (Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:<br><input type="checkbox"/> Inside Project Area (Sch HCD-D3)<br><input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input type="checkbox"/> Other Housing Units Provided:<br><input type="checkbox"/> With LMIHF (Sch HCD-D5)<br><input checked="" type="checkbox"/> Without LMIHF (Sch HCD-D6)<br><input type="checkbox"/> Without any Agency Assistance (Sch HCD-D7) |
|---|---|---|

**SCHEDULE HCD-D1  
GENERAL PROJECT INFORMATION**

A separate Schedule HCD-D1 and all applicable Schedules HCD-D2-D7 must be completed for each Housing Project.

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": "Outside"

Housing Project Name: Mobile Home Rehabilitation

Project Address:

Street: 1506 Oak Dr. #88 City: Vista Zip: 92084

Owner Name: Lucille Pries

Total Project Units: # 1      Restricted Units: # 1      Unrestricted Units: # 0  
 Total Project Bedrooms: # 2      Restricted Bedrooms: # 2      Unrestricted Bedrooms: # 0

**For projects with no Agency assistance, do not complete any more of HCD-D1 or any of HCD-D2-D6. Only complete HCD-D7.**

For the fiscal year being reported, was the Annual Monitoring Report received?:  YES  NO n/a

Was this Project a development identified in Government Code Section 65863.10(a)(2)?  YES  NO

Number of Units Not in Compliance (income/ # of residents in unit): # 0

Number of Bedrooms Not in Compliance (income/ # of residents in unit): # 0

Number of Units Restricted for Special Needs: # 0

(Note: This number must not exceed "Total Project Units")

Number of Units Restricted That are Serving One or More Special Needs: # 0  Check, if data not available

(Note: A unit may serve more than one of the "Special Needs" listed below, therefore the sum of all "Special Needs" can exceed the "Number of Units Restricted for Special Needs")

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

Use Restriction Dates (enter appropriate dates):

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception					8/5/98
Termination					8/6/03

Funding Sources:

Redevelopment Funds: \$ \_\_\_\_\_  
 Federal Funds: \$ 17,379  
 State Funds: \$ \_\_\_\_\_  
 Other Local Funds: \$ \_\_\_\_\_  
 Private Funds: \$ \_\_\_\_\_  
 Owner's Equity: \$ \_\_\_\_\_  
 TCAC/Federal Award: \$ \_\_\_\_\_  
 TCAC/State Award: \$ \_\_\_\_\_  
 Total Development/Purchase Cost: \$ 17,379

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Replacement Housing Units<br>(Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:<br><input type="checkbox"/> Inside Project Area (Sch HCD-D3)<br><input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input type="checkbox"/> Other Housing Units Provided:<br><input type="checkbox"/> With LMIHF (Sch HCD-D5)<br><input checked="" type="checkbox"/> Without LMIHF (Sch HCD-D6)<br><input type="checkbox"/> Without <u>any</u> Agency Assistance<br>(Sch HCD-D7) |
|--|---|---|



**SCHEDULE HCD-D1  
GENERAL PROJECT INFORMATION**

A separate Schedule HCD-D1 and all applicable Schedules HCD-D2-D7 must be completed for each Housing Project.

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": "Outside"

Housing Project Name: Mobile Home Rehabilitation

Project Address:

Street: 1600 E. Vista Way #74      City: Vista      Zip: 92084

Owner Name: Robert Conlon

Total Project Units: # 1      Restricted Units: # 1      Unrestricted Units: # 0  
 Total Project Bedrooms: # 2      Restricted Bedrooms: # 2      Unrestricted Bedrooms: # 0

**For projects with no Agency assistance, do not complete any more of HCD-D1 or any of HCD-D2-D6. Only complete HCD-D7.**

For the fiscal year being reported, was the Annual Monitoring Report received?:       YES       NO      n/a

Was this Project a development identified in Government Code Section 65863.10(a)(2)?       YES       NO

Number of Units Not In Compliance (income/ # of residents in unit):      # 0

Number of Bedrooms Not In Compliance (income/ # of residents in unit):      # 0

Number of Units Restricted for Special Needs:      # 0

(Note: This number must not exceed "Total Project Units")

Number of Units Restricted That are Serving One or More Special Needs: # 0       Check, if data not available

(Note: A unit may serve more than one of the "Special Needs" listed below, therefore the sum of all "Special Needs" can exceed the "Number of Units Restricted for Special Needs")

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

**Use Restriction Dates (enter appropriate dates):**

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception					8/11/98
Termination					8/12/00

**Funding Sources:**

Redevelopment Funds: \$ \_\_\_\_\_  
 Federal Funds: \$ 9816  
 State Funds: \$ \_\_\_\_\_  
 Other Local Funds: \$ \_\_\_\_\_  
 Private Funds: \$ \_\_\_\_\_  
 Owner's Equity: \$ \_\_\_\_\_  
 TCAC/Federal Award: \$ \_\_\_\_\_  
 TCAC/State Award: \$ \_\_\_\_\_  
 Total Development/Purchase Cost: \$ 9816

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Replacement Housing Units<br>(Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:<br><input type="checkbox"/> Inside Project Area (Sch HCD-D3)<br><input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input type="checkbox"/> Other Housing Units Provided:<br><input type="checkbox"/> With LMIHF (Sch HCD-D5)<br><input checked="" type="checkbox"/> Without LMIHF (Sch HCD-D6)<br><input type="checkbox"/> Without <u>any</u> Agency Assistance<br>(Sch HCD-D7) |
|--|---|---|

**SCHEDULE HCD-D1  
GENERAL PROJECT INFORMATION**

A separate Schedule HCD-D1 and all applicable Schedules HCD-D2-D7 must be completed for each Housing Project.

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": "Outside"

Housing Project Name: Mobile Home Rehabilitation

Project Address:

Street: 400 N. Melrose #57 City: Vista Zip: 92083

Owner Name: Patricia Inigues

Total Project Units: # 1 Restricted Units: # 1 Unrestricted Units: # 0  
 Total Project Bedrooms: # 3 Restricted Bedrooms: # 3 Unrestricted Bedrooms: # 0

**For projects with no Agency assistance, do not complete any more of HCD-D1 or any of HCD-D2-D6. Only complete HCD-D7.**

For the fiscal year being reported, was the Annual Monitoring Report received?:  YES  NO n/a

Was this Project a development identified in Government Code Section 65863.10(a)(2)?  YES  NO

Number of Units Not in Compliance (income/ # of residents in unit): # 0

Number of Bedrooms Not in Compliance (income/ # of residents in unit): # 0

Number of Units Restricted for Special Needs: # 0

(Note: This number must not exceed "Total Project Units")

Number of Units Restricted That are Serving One or More Special Needs: # 0  Check, if data not available

(Note: A unit may serve more than one of the "Special Needs" listed below, therefore the sum of all "Special Needs" can exceed the "Number of Units Restricted for Special Needs")

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

Use Restriction Dates (enter appropriate dates):

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception					9/11/98
Termination					9/12/00

**Funding Sources:**

Redevelopment Funds: \$ \_\_\_\_\_  
 Federal Funds: \$ 8593  
 State Funds: \$ \_\_\_\_\_  
 Other Local Funds: \$ \_\_\_\_\_  
 Private Funds: \$ \_\_\_\_\_  
 Owner's Equity: \$ \_\_\_\_\_  
 TCAC/Federal Award: \$ \_\_\_\_\_  
 TCAC/State Award: \$ \_\_\_\_\_  
 Total Development/Purchase Cost: \$ 8593

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Replacement Housing Units<br>(Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:<br><input type="checkbox"/> Inside Project Area (Sch HCD-D3)<br><input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input type="checkbox"/> Other Housing Units Provided:<br><input type="checkbox"/> With LMIHF (Sch HCD-D5)<br><input checked="" type="checkbox"/> Without LMIHF (Sch HCD-D6)<br><input type="checkbox"/> Without any Agency Assistance<br>(Sch HCD-D7) |
|--|---|--|

**SCHEDULE HCD-D1  
GENERAL PROJECT INFORMATION**

A separate Schedule HCD-D1 and all applicable Schedules HCD-D2-D7 must be completed for each Housing Project.

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": "Outside"

Housing Project Name: Mobile Home Rehabilitation

Project Address:

Street: 1010 E. Bobier #86 City: Vista Zip: 92083

Owner Name: Vincent Mairano

Total Project Units: # 1 Restricted Units: # 1 Unrestricted Units: # 0  
 Total Project Bedrooms: # 2 Restricted Bedrooms: # 2 Unrestricted Bedrooms: # 0

**For projects with no Agency assistance, do not complete any more of HCD-D1 or any of HCD-D2-D6. Only complete HCD-D7.**

For the fiscal year being reported, was the Annual Monitoring Report received?:  YES  NO n/a

Was this Project a development identified in Government Code Section 65863.10(a)(2)?  YES  NO

Number of Units Not in Compliance (income/ # of residents in unit): # 0

Number of Bedrooms Not in Compliance (income/ # of residents in unit): # 0

Number of Units Restricted for Special Needs: # 0

(Note: This number must not exceed "Total Project Units")

Number of Units Restricted That are Serving One or More Special Needs: # 0  Check, if data not available

(Note: A unit may serve more than one of the "Special Needs" listed below, therefore the sum of all "Special Needs" can exceed the "Number of Units Restricted for Special Needs")

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

Use Restriction Dates (enter appropriate dates):

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception					12/10/98
Termination					12/11/00

Funding Sources:

Redevelopment Funds: \$             
 Federal Funds: \$ 9294  
 State Funds: \$             
 Other Local Funds: \$             
 Private Funds: \$             
 Owner's Equity: \$             
 TCAC/Federal Award: \$             
 TCAC/State Award: \$             
 Total Development/Purchase Cost: \$ 9294

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Replacement Housing Units (Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:<br><input type="checkbox"/> Inside Project Area (Sch HCD-D3)<br><input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input type="checkbox"/> Other Housing Units Provided:<br><input type="checkbox"/> With LMIHF (Sch HCD-D5)<br><input checked="" type="checkbox"/> Without LMIHF (Sch HCD-D6)<br><input type="checkbox"/> Without any Agency Assistance (Sch HCD-D7) |
|---|---|---|

**SCHEDULE HCD-D1  
GENERAL PROJECT INFORMATION**

A separate Schedule HCD-D1 and all applicable Schedules HCD-D2-D7 must be completed for each Housing Project.

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": "Outside"

Housing Project Name: Mobile Home Rehabilitation

Project Address:

Street: 2130 Sunset Dr. #29      City: Vista      Zip: 92083

Owner Name: Dorothy Bonifacius

Total Project Units: # 1      Restricted Units: # 1      Unrestricted Units: # 0  
 Total Project Bedrooms: # 2      Restricted Bedrooms: # 2      Unrestricted Bedrooms: # 0

**For projects with no Agency assistance, do not complete any more of HCD-D1 or any of HCD-D2-D6. Only complete HCD-D7.**

For the fiscal year being reported, was the Annual Monitoring Report received?:       YES       NO      n/a

Was this Project a development identified in Government Code Section 65863.10(a)(2)?       YES       NO

Number of Units Not in Compliance (income/ # of residents in unit):      # 0

Number of Bedrooms Not in Compliance (income/ # of residents in unit):      # 0

Number of Units Restricted for Special Needs:      # 0

(Note: This number must not exceed "Total Project Units")

Number of Units Restricted That are Serving One or More Special Needs: # 0       Check, if data not available

(Note: A unit may serve more than one of the "Special Needs" listed below, therefore the sum of all "Special Needs" can exceed the "Number of Units Restricted for Special Needs")

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

Use Restriction Dates (enter appropriate dates):

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception					2/11/99
Termination					2/12/01

Funding Sources:

Redevelopment Funds: \$ \_\_\_\_\_  
 Federal Funds: \$ 9695  
 State Funds: \$ \_\_\_\_\_  
 Other Local Funds: \$ \_\_\_\_\_  
 Private Funds: \$ \_\_\_\_\_  
 Owner's Equity: \$ \_\_\_\_\_  
 TCAC/Federal Award: \$ \_\_\_\_\_  
 TCAC/State Award: \$ \_\_\_\_\_  
 Total Development/Purchase Cost: \$ 9695

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Replacement Housing Units (Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:<br><input type="checkbox"/> Inside Project Area (Sch HCD-D3)<br><input type="checkbox"/> Outside Project Area (Sch HCD-D4) | Other Housing Units Provided:<br><input type="checkbox"/> With LMIHF (Sch HCD-D5)<br><input checked="" type="checkbox"/> Without LMIHF (Sch HCD-D6)<br><input type="checkbox"/> Without <u>any</u> Agency Assistance (Sch HCD-D7) |
|---|---|---|

**SCHEDULE HCD-D1  
GENERAL PROJECT INFORMATION**

A separate Schedule HCD-D1 and all applicable Schedules HCD-D2-D7 must be completed for each Housing Project.

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": "Outside"

Housing Project Name: Mobile Home Rehabilitation

Project Address:

Street: 1506 Oak Dr. #42      City: Vista      Zip: 92084

Owner Name: Charles Jackson

Total Project Units:      Restricted Units:      Unrestricted Units:  
# 1      # 1      # 0  
Total Project Bedrooms: # 2      Restricted Bedrooms: # 2      Unrestricted Bedrooms: # 0

**For projects with no Agency assistance, do not complete any more of HCD-D1 or any of HCD-D2-D6. Only complete HCD-D7.**

For the fiscal year being reported, was the Annual Monitoring Report received?:       YES       NO      n/a

Was this Project a development identified in Government Code Section 65863.10(a)(2)?       YES       NO

Number of Units Not in Compliance (income/ # of residents in unit):      # 0

Number of Bedrooms Not in Compliance (income/ # of residents in unit):      # 0

Number of Units Restricted for Special Needs:      # 0

(Note: This number must not exceed "Total Project Units")

Number of Units Restricted That are Serving One or More Special Needs: # 0       Check, if data not available

(Note: A unit may serve more than one of the "Special Needs" listed below, therefore the sum of all "Special Needs" can exceed the "Number of Units Restricted for Special Needs")

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

Use Restriction Dates (enter appropriate dates):

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception					3/4/99
Termination					3/5/01

Funding Sources:

Redevelopment Funds:      \$ \_\_\_\_\_  
Federal Funds:      \$ 7940  
State Funds:      \$ \_\_\_\_\_  
Other Local Funds:      \$ \_\_\_\_\_  
Private Funds:      \$ \_\_\_\_\_  
Owner's Equity:      \$ \_\_\_\_\_  
TCAC/Federal Award:      \$ \_\_\_\_\_  
TCAC/State Award:      \$ \_\_\_\_\_  
Total Development/Purchase Cost:      \$ 7940

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Replacement Housing Units<br>(Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:<br><input type="checkbox"/> <u>Inside</u> Project Area (Sch HCD-D3)<br><input type="checkbox"/> <u>Outside</u> Project Area (Sch HCD-D4) | <input type="checkbox"/> Other Housing Units Provided:<br><input type="checkbox"/> <u>With</u> LMIHF (Sch HCD-D5)<br><input checked="" type="checkbox"/> <u>Without</u> LMIHF (Sch HCD-D6)<br><input type="checkbox"/> Without <u>any</u> Agency Assistance<br>(Sch HCD-D7) |
|--|---|---|

**SCHEDULE HCD-D1  
GENERAL PROJECT INFORMATION**

A separate Schedule HCD-D1 and all applicable Schedules HCD-D2-D7 must be completed for each Housing Project.

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": "Outside"

Housing Project Name: Mobile Home Rehabilitation

Project Address:

Street: 1010 E. Bobier Dr. #51 City: Vista Zip: 92084

Owner Name: Jewel Kohler

Total Project Units: # 1 Restricted Units: # 1 Unrestricted Units: # 0  
 Total Project Bedrooms: # 2 Restricted Bedrooms: # 2 Unrestricted Bedrooms: # 0

**For projects with no Agency assistance, do not complete any more of HCD-D1 or any of HCD-D2-D6. Only complete HCD-D7.**

For the fiscal year being reported, was the Annual Monitoring Report received?:  YES  NO n/a

Was this Project a development identified in Government Code Section 65863.10(a)(2)?  YES  NO

Number of Units Not in Compliance (income/ # of residents in unit): # 0

Number of Bedrooms Not in Compliance (income/ # of residents in unit): # 0

Number of Units Restricted for Special Needs: # 0

(Note: This number must not exceed "Total Project Units")

Number of Units Restricted That are Serving One or More Special Needs: # 0  Check, if data not available

(Note: A unit may serve more than one of the "Special Needs" listed below, therefore the sum of all "Special Needs" can exceed the "Number of Units Restricted for Special Needs")

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

Use Restriction Dates (enter appropriate dates):

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception					3/4/99
Termination					3/5/01

Funding Sources:

Redevelopment Funds: \$ \_\_\_\_\_  
 Federal Funds: \$ 8066  
 State Funds: \$ \_\_\_\_\_  
 Other Local Funds: \$ \_\_\_\_\_  
 Private Funds: \$ \_\_\_\_\_  
 Owner's Equity: \$ \_\_\_\_\_  
 TCAC/Federal Award: \$ \_\_\_\_\_  
 TCAC/State Award: \$ \_\_\_\_\_  
 Total Development/Purchase Cost: \$ 8066

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Replacement Housing Units<br>(Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:<br><input type="checkbox"/> Inside Project Area (Sch HCD-D3)<br><input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input type="checkbox"/> Other Housing Units Provided:<br><input type="checkbox"/> With LMIHF (Sch HCD-D5)<br><input checked="" type="checkbox"/> Without LMIHF (Sch HCD-D6)<br><input type="checkbox"/> Without any Agency Assistance<br>(Sch HCD-D7) |
|--|---|--|

**SCHEDULE HCD-D1  
GENERAL PROJECT INFORMATION**

A separate Schedule HCD-D1 and all applicable Schedules HCD-D2-D7 must be completed for each Housing Project.

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": "Outside"

Housing Project Name: Mobile Home Rehabilitation

Project Address:

Street: 220 Camino Corto #38 City: Vista Zip: 92083

Owner Name: \_\_\_\_\_

Total Project Units: # 1      Restricted Units: # 1      Unrestricted Units: # 0  
 Total Project Bedrooms: # 1      Restricted Bedrooms: # 1      Unrestricted Bedrooms: # 0

**For projects with no Agency assistance, do not complete any more of HCD-D1 or any of HCD-D2-D6. Only complete HCD-D7.**

For the fiscal year being reported, was the Annual Monitoring Report received?:  YES  NO  n/a

Was this Project a development identified in Government Code Section 65863.10(a)(2)?  YES  NO

Number of Units Not in Compliance (income/ # of residents in unit): # 0

Number of Bedrooms Not in Compliance (income/ # of residents in unit): # 0

Number of Units Restricted for Special Needs: # 0

(Note: This number must not exceed "Total Project Units")

Number of Units Restricted That are Serving One or More Special Needs: # 0  Check, if data not available

(Note: A unit may serve more than one of the "Special Needs" listed below, therefore the sum of all "Special Needs" can exceed the "Number of Units Restricted for Special Needs")

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

**Use Restriction Dates (enter appropriate dates):**

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception					3/23/99
Termination					3/24/01

**Funding Sources:**

Redevelopment Funds: \$ \_\_\_\_\_  
 Federal Funds: \$ 8230  
 State Funds: \$ \_\_\_\_\_  
 Other Local Funds: \$ \_\_\_\_\_  
 Private Funds: \$ \_\_\_\_\_  
 Owner's Equity: \$ \_\_\_\_\_  
 TCAC/Federal Award: \$ \_\_\_\_\_  
 TCAC/State Award: \$ \_\_\_\_\_  
 Total Development/Purchase Cost: \$ 8230

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Replacement Housing Units (Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:<br><input type="checkbox"/> Inside Project Area (Sch HCD-D3)<br><input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input type="checkbox"/> Other Housing Units Provided:<br><input type="checkbox"/> With LMIHF (Sch HCD-D5)<br><input checked="" type="checkbox"/> Without LMIHF (Sch HCD-D6)<br><input type="checkbox"/> Without <u>any</u> Agency Assistance (Sch HCD-D7) |
|---|---|--|

**SCHEDULE HCD-D6**

**OTHER HOUSING UNITS PROVIDED (WITHOUT LMIHF)**

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Mobile Home Rehabilitation

Check only one:

Inside Project Area                       Outside Project Area

Check only one. If both apply, complete a separate form for each:

Agency Developed                       Non-Agency Developed

Check only one. If both apply, complete a separate form for each:

Rental     Owner-Occupied

Enter the number of units for each applicable activity below:

**A. New Construction Units:**

N/A

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

**B. Substantial Rehabilitation Units:**

N/A

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

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

N/A

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

**D. Acquisition Only:**

N/A

Elderly Units							Non Elderly Units							Total Elderly & Non Elderly Units						
VLOW.	LOW	MOD	AMOD	TOTAL	INELG		VLOW	LOW	MOD	AMOD	TOTAL	INELG		VLOW	LOW	MOD	AMOD	TOTAL	INELG	
								10							10					

10

**E. Mobilehome Owner / Resident:**

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

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

N/A

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



**SCHEDULE HCD-D1  
GENERAL PROJECT INFORMATION**

A separate Schedule HCD-D1 and all applicable Schedules HCD-D2-D7 must be completed for each Housing Project.

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: City of Vista Mobile Home Rental Assistance

Project Address:

Street: Mobile Home Parks City: Vista Zip: 92083 & 92084  
City Wide

Owner Name: \_\_\_\_\_

Total Project Units: # 85      Restricted Units: # N/A      Unrestricted Units: # N/A  
Total Project Bedrooms: # Unknown      Restricted Bedrooms: # Unknown      Unrestricted Bedrooms: # N/A  
Mobile Home

**For projects with no Agency assistance, do not complete any more of HCD-D1 or any of HCD-D2-D6. Only complete HCD-D7.**

For the fiscal year being reported, was the Annual Monitoring Report received?:  YES  NO  N/A

Was this Project a development identified in Government Code Section 65863.10(a)(2)?  YES  NO

Number of Units Not in Compliance (income/ # of residents in unit): # 0

Number of Bedrooms Not in Compliance (income/ # of residents in unit): # 0

Number of Units Restricted for Special Needs: # 0  
(Note: This number must not exceed "Total Project Units")

Number of Units Restricted That are Serving One or More Special Needs: # 0  Check, if data not available  
(Note: A unit may serve more than one of the "Special Needs" listed below, therefore the sum of all "Special Needs" can exceed the "Number of Units Restricted for Special Needs")

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

Use Restriction Dates (enter appropriate dates): N/A

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception					
Termination					

**Funding Sources:**  
 Redevelopment Funds: \$ \_\_\_\_\_  
 Federal Funds: \$ \_\_\_\_\_  
 State Funds: \$ \_\_\_\_\_  
 Other Local Funds: \$ 44,400  
 Private Funds: \$ \_\_\_\_\_  
 Owner's Equity: \$ \_\_\_\_\_  
 TCAC/Federal Award: \$ \_\_\_\_\_  
 TCAC/State Award: \$ \_\_\_\_\_  
 Total Development/Purchase Cost: \$ 44,400

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

- 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)
  - Without any Agency Assistance (Sch HCD-D7)

**SCHEDULE HCD-D6**

**OTHER HOUSING UNITS PROVIDED (WITHOUT LMIHF)**

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: 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:

Agency Developed                       Non-Agency Developed

Check only one. If both apply, complete a separate form for each:

Rental     Owner-Occupied

Enter the number of units for each applicable activity below:

**A. New Construction Units:**

N/A

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

**B. Substantial Rehabilitation Units:**

N/A

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

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

N/A

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

**D. Acquisition Only:**

N/A

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

**E. Mobilehome Owner / Resident:**

Elderly Units						Non Elderly Units						Total Elderly & Non Elderly Units					
VLOW.	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG
							85						85				

85

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

N/A

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

Agency Name: Vista Community Dev. Commission

Housing Project Name: Mobile Home Rental Assistance

G. Preservation (H&S 33334.2(e)(11), Rental Only): N/A

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

H. Preservation / Replacement (H&S 33334.3(h)): N/A

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

I. Rental Replacement (H&S 33334.3(f)(1)(A)): N/A

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

J. Subsidy (other than specified options here): N/A

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

K. Other Assistance: N/A

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

**TOTAL UNITS** (Add totals of all shaded "Total Elderly / Non Elderly Units"):

85



**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)

Other Housing Units Provided:  
 With LMIHF (Sch HCD-D5)

Outside Project Area (Sch HCD-D4)

Without any Agency Assistance (Sch HCD-D7)

**SCHEDULE HCD-D1  
GENERAL PROJECT INFORMATION**

A separate Schedule HCD-D1 and all applicable Schedules HCD-D2-D7 must be completed for each Housing Project.

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: MCC - Mortgage Credit Certificate

Project Address:

Street: City Wide City: Vista Zip: 92083 & 92084

Owner Name: See Attached List

Total Project Units: # 5      Restricted Units: # \_\_\_\_\_      Unrestricted Units: # 14  
 Total Project Bedrooms: # 14      Restricted Bedrooms: # \_\_\_\_\_      Unrestricted Bedrooms: # 14

**For projects with no Agency assistance, do not complete any more of HCD-D1 or any of HCD-D2-D6. Only complete HCD-D7.**

For the fiscal year being reported, was the Annual Monitoring Report received?:  YES  NO  N/A

Was this Project a development identified in Government Code Section 65863.10(a)(2)?  YES  NO  N/A

Number of Units Not in Compliance (income/ # of residents in unit): # 0

Number of Bedrooms Not in Compliance (Income/ # of residents in unit): # 0

Number of Units Restricted for Special Needs: # 0

(Note: This number must not exceed "Total Project Units")

Number of Units Restricted That are Serving One or More Special Needs: # 0  Check, if data not available

(Note: A unit may serve more than one of the "Special Needs" listed below, therefore the sum of all "Special Needs" can exceed the "Number of Units Restricted for Special Needs")

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

Use Restriction Dates (enter appropriate dates): N/A

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception					
Termination					

**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

Individual owner tax credit

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

- 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)
  - Without any Agency Assistance (Sch HCD-D7)

**SCHEDULE HCD-D6**

**OTHER HOUSING UNITS PROVIDED (WITHOUT LMIHF)**

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Mortgage Credit Certificates

Check only one:

Inside Project Area       Outside Project Area

Check only one. If both apply, complete a separate form for each:

Agency Developed       Non-Agency Developed

Check only one. If both apply, complete a separate form for each:

Rental       Owner-Occupied

Enter the number of units for each applicable activity below:

**A. New Construction Units:**

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

**B. Substantial Rehabilitation Units:**

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

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

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

**D. Acquisition Only:**

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

**E. Mobilehome Owner / Resident:**

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

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

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

Agency Name: Vista Community Development Comm.

Housing Project Name: MCC

**G. Preservation (H&S 33334.2(e)(11), Rental Only):**

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

**H. Preservation / Replacement (H&S 33334.3(h)):**

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

**I. Rental Replacement (H&S 33334.3(f)(1)(A)):**

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

**J. Subsidy (other than specified options here):**

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

**K. Other Assistance:**

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

**TOTAL UNITS** (Add totals of all shaded "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:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Replacement Housing Units<br>(Sch HCD-D2) | Inclusionary Units:<br><input type="checkbox"/> Inside Project Area (Sch HCD-D3)<br><input type="checkbox"/> Outside Project Area (Sch HCD-D4) | Other Housing Units Provided:<br><input type="checkbox"/> With LMIHF (Sch HCD-D5)<br><input type="checkbox"/> Without any Agency Assistance<br>(Sch HCD-D7) |
|--|--|---|

**SCHEDULE HCD-D1  
GENERAL PROJECT INFORMATION**

A separate Schedule HCD-D1 and all applicable Schedules HCD-D2-D7 must be completed for each Housing Project.

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Project Area #1

Housing Project Name: Creekside Terrace

Project Address:

Street: 723 Bel Air Dr. City: Vista Zip: 92084

Owner Name: Forecast Group L.P.

Total Project Units: # 1      Restricted Units: # 0      Unrestricted Units: # 0  
 Total Project Bedrooms: # 3      Restricted Bedrooms: # 0      Unrestricted Bedrooms: # 3

**For projects with no Agency assistance, do not complete any more of HCD-D1 or any of HCD-D2-D6. Only complete HCD-D7.**

For the fiscal year being reported, was the Annual Monitoring Report received?:       YES     NO

Was this Project a development identified in Government Code Section 65863.10(a)(2)?       YES     NO

Number of Units Not in Compliance (income/ # of residents in unit):      # \_\_\_\_\_

Number of Bedrooms Not in Compliance (income/ # of residents in unit):      # \_\_\_\_\_

Number of Units Restricted for Special Needs:      # \_\_\_\_\_

(Note: This 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 more than one of the "Special Needs" listed below, therefore the sum of all "Special Needs" can exceed the "Number of Units Restricted for Special Needs")

# _____ 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" money)

Use Restriction Dates (enter appropriate dates):

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception					
Termination					

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: \$ \_\_\_\_\_

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Replacement Housing Units (Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:<br><input type="checkbox"/> <u>Inside</u> Project Area (Sch HCD-D3)<br><input type="checkbox"/> <u>Outside</u> Project Area (Sch HCD-D4) | <input type="checkbox"/> Other Housing Units Provided:<br><input type="checkbox"/> <u>With</u> LMIHF (Sch HCD-D5)<br><input type="checkbox"/> <u>Without</u> LMIHF (Sch HCD-D6)<br><input checked="" type="checkbox"/> <u>Without any</u> Agency Assistance (Sch HCD-D7) |
|---|---|--|





**SCHEDULE HCD-E1**

**CALCULATION OF INCREASE IN AGENCY'S INCLUSIONARY OBLIGATIONS  
DURING THE REPORTING YEAR**

**NOTE:** The information on this form should be a summary of the totals of all new construction or substantial rehabilitation units from forms HCD-D2 through HCD-D7 which are (a) developed anywhere by the agency and (b) developed in a project area by a person or entity other than the agency.

<b>PART I - (H&amp;SC Section 33413(b)(1))</b>	
1. New Units Developed by the Agency	0
2. Substantially Rehabilitated Units Developed by the Agency	0
3. Subtotal - Baseline of Units Developed by the Agency (add lines 1 & 2)	0
4. Subtotal of Inclusionary Obligation Accrued this Year for Units Developed by the Agency (line 3 x 30%)	0
5. Subtotal of Inclusionary Obligation Accrued This Year for Very-Low Income Units Developed by the Agency (line 4 x 50%)	0
<b>PART II - (H&amp;SC Section 33413(b)(2))</b>	
6. New Units Developed in a Project Area by Any Person or Entity Other Than the Agency	1
7. Substantially Rehabilitated Units Developed by Any Person or Entity Other Than the Agency	0
8. Subtotal - Baseline of Units Developed by Any Person or Entity Other Than the Agency (add lines 6 & 7)	1
9. Subtotal of Inclusionary Obligation Accrued this Year for Units Developed by Any Person or Entity Other Than the Agency (line 8 x 15%)	.15
10. Subtotal of Inclusionary Obligation Accrued This Year for Very-Low Income Units by Any Person or Entity Other Than the Agency (line 9 x 40%)	.06
<b>PART III - TOTALS</b>	
11. Total Increase in Inclusionary Obligations During This Fiscal Year (add lines 4 and 9)	.06
12. Total Increase in Very-Low Income Units Inclusionary Obligation During This Fiscal Year (add Lines 5 and 10) NOTE: LINE 12 IS A SUBSET OF LINE 11	.06