## ANNUAL REPORT OF FINANCIAL TRANSACTIONS OF COMMUNITY REDEVELOPMENT AGENCIES

TO: STATE CONTROLLER		,		
DIVISION OF ACCOUNTING AND REPORTIN	OG .		COUNTY	
LOCAL GOVERNMENT REPORTING SECTIO			COUNTY (PLEASE A	FFIX LABEL AND CORRECT TI
REDEVELOPMENT REPORTING UNIT			MAIDING ADDITION	
P. O. BOX 942850			37958000	.a
SACRAMENTO, CA 94250				
3,400			ST VISTA COMMUNITY DEVELOPMENT COMMIS	SSION
			D O BOV 1088	50.011
EXPRESS MAIL ADDRESS:			600 EUCALYPTUS	
3301 C STREET, SUITE 700			- VISTA CA 92085-1988	
SACRAMENTO, CA 95816			PH VISTA, CA 92000-1000	
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PHONE: (916) 445-5153	STATE USE ONLY		LOCATION: (STREET ADDRESS)	(II DITTOLONIA
		BATCH NO		STATE
FISCAL YEAR ENDED		-	CITY	517.12
June 30		REVIEWED		GOVER
DUE WITHIN SIX MONTHS OF THE			AGENCY ORGANIZATION	
AGENCY'S FISCAL YEAR END.		CLEARED	REDEVELOPMENT AGENCY (H&S CODE 3	,5,155,
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			COMMUNITY DEVELOPMENT COMMISSIO	NCI
			(H&S CODE 34110)	ON) PHONE
MEMBERS OF TH	ie governing body		REPORT PREPARED (CONTACT PERSO	(7.60
	4		BY: Dale Nielsen	
CHAIRPERSON	MEMBER		street address 600 Eucal vptus Avneu	۵
Gloria McClellan				STATE
MEMBER	MEMBER		CITY	CA
Ed Estes Jr.			Vista PRECITIVE DIRECTOR	1
MEMBER	MEMBER		SIGNATURE OF EXECUTIVE DIRECTOR	ldut
Ted Cole			The state of the s	TITLE
MEMBER	MEMBER		NAME Rita Geldert	
Dick Cooke				NDENT AUDITOR
MEMBER .	MEMBER		FIRM NAME INDEPE	IDENT AUDITOR
Judy Ritter			Calderon, Jaham & Os	horn
AGENCY OF	FFICIALS			PHONE
EXECUTIVE OFFICER	PHONE 760, 726-13	40	CONTACT PERSON Thomas Saiz	(619
Rita Geldert		<del>10</del>		
FISCAL OFFICER	760, 726-13	40	street address 600 "B" Street	
Barbara Underwood				STATE
SECRETARY	760) 726-13	40	CITY San Diego	CA
lo Seibert	(/00) /20-13	70		

# ANNUAL REPORT OF FINANCIAL TRANSACTIONS OF COMMUNITY REDEVELOPMENT AGENCIES ACHIEVEMENT INFORMATION (UNAUDITED)

FISCAL YEAR ENDED

June 30 19 99

AGENCY NAME Vista Community Development Comm

INDICATE ONLY THOSE ACHIEVEMENTS COMPLETED DURING THE FISCAL YEAR OF THIS REPORT AS A DIRECT RESULT OF THE ACTIVITIES OF THE REDEVELOPMENT AGENCY.

	ENTER THE AMOUNT OF SQUARE	SQUARE FOOTAC
	FOOTAGE COMPLETED THIS YEAR	
PLEASE PROVIDE A DESCRIPTION OF THE AGENCY'S ACTIVITIES/	BY BUILDING TYPE AND	A
ACCOMPLISHMENTS DURING THE PAST YEAR. USE ADDITIONAL FORMS	SEGREGATED BY NEW OR	NEW
		CONSTRUCTION
AS NEEDED.  PLEASE BE SPECIFIC, AS THIS INFORMATION WILL BE THE BASIS	REHABILITATED CONSTRUCTION.	331.31.1
FOR POSSIBLE INCLUSION IN THE PUBLICATION.	COMMERCIAL BUILDINGS 1	
70K1 000:000	COMMERCIAE BUILDINGS	
See Attached	INDUSTRIAL BUILDINGS 2	
Sec Accounts		
	PUBLIC BUILDINGS 3	
	OTHER BUILDINGS 4	
	STATE OF THE STATE	
	TOTAL SQUARE FOOTAGE 5	
	ENTER THE NUMBER OF JOBS	A
	CREATED FROM THE ACTIVITIES	Sand Date and Department of the Control of the Cont
	OF THE AGENCY, EITHER	4
	ACTUAL OR ESTIMATED. 6	MANAGER CONTRACTOR CONTRACTOR
	ENTER THE APPROPRIATE CODES	
	TO INDICATE EACH TYPE OF	
	PUBLIC FACILITY COMPLETED	
	THIS YEAR.	A Manual Manual A
		A&E Enterpries
	TYPES COMPLETED (A-F ONLY) 7	OPA OPA
	A = UTILITIES C = LANDSCAF	
	B = RECREATION D = SEWER & S	TORM F = BUS/TI

### **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.
- Revitalizatoin 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 and 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

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ī.	WAS THE REPORT PREPARED F AUDITED FINANCIAL DATA?	FROM A. X YES	B. NO		. · AUDIT
	DID YOU SUBMIT A COPY OF THE AUDIT?	A. YES	B NO		OPINIO
II.	INDICATE FINANCIAL AUDIT OPINION.	A. X UNQUALIFIED C. ADVERSE E. AUDIT INCOMPLETE	B. QUALIFIED D. DISCLAIMER		OPINION
	IF THE AUDIT OPINION WAS OTHER THAN UNQUALIFIED, STAT BRIEFLY THE REASON GIVEN.	EXPECTED COMPLETION	N DATE.		
III.	WAS A COMPLIANCE AUDIT PE CODE SECTION 33080.1 AND TH COMPLIANCE AUDITS?	ERFORMED IN ACCORDANCE VIEW STATE CONTROLLER'S GUII	WITH HEALTH & SAFETY DELINES FOR B. NO	V.	IF SECTION IV. IS OTHER THAN A BELOW THE AREAS OF NON-COM ATTACH ADDITIONAL PAGE IF NECES
	DID YOU SUBMIT A COPY OF THE AUDIT?	A. X YES	B. NO		
IV.	INDICATE COMPLIANCE AUDIT	T OPINION  A. UNQUALIFIED	B. NO EXCEPTIONS		
		C. POSITIVE/NEGATIVE WITH EXCEPTIONS	D. QUALIFIED		
		E. ADVERSE	F. DISCLAIMER		
		G. COMPLIANCE AUDIT INCOMPLETE	EXPECTED COMPLETION DATE:		

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AYMENT OF LONG-TERM DEBT 20.0	DEBT SERVICE FUND	19.0			24		
ATMENI OF CONC. ISAM SEC.	MOUNT TO BE PROVIDED FOR	20.0					51,939,558
21.0 S 13,238,213 S 10,911,511 S 2,349,463 S S 21,070,000	TOTAL ASSETS & OTHER DEBITS		13,238,213	, 10,911,511	2,349,485	-	62,373,300

AGENCY NAME Vista Community Development Commission BALANCE SHEET FISCAL YEAR ENDED \_\_\_\_June\_30\_ \_\_,19 \_\_99 E D В SPECIAL LOW/MODERATE DEBT CAPITAL LONG-TERM REVENUE/OTHER INCOME HOUSING SERVICE PROJECTS LIABILITIES & DEBT **FUNDS FUNDS FUNDS** FUNDS OTHER CREDITS 11,228 316.510 464.689 22.0 \$ ACCOUNTS PAYABLE 23.0 INTEREST PAYABLE TAX ANTICIPATION 24.0 NOTES PAYABLE 25.0 LOANS PAYABLE 2,740 161,259 14,298 26.0 OTHER LIABILITIES DUE TO CAPITAL 27.0 PROJECTS FUND DUE TO DEBT 28.0 SERVICE FUND DUE TO LOW/MODERATE 29.0 INCOME HOUSING FUND DUE TO SPECIAL 30.0 REVENUE/OTHER FUNDS 49,540,000 TAX ALLOCATION 31.0 BONDS PAYABLE LEASE REVENUE BONDS/CERTIFI-32.0 CATES OF PARTICIPATION PAYABLE 12,833,300 OTHER LONG-TERM DEBT s 62.373.300 TOTAL LIABILITIES & 477.769 13.968 478,987 34.0 \$ OTHER CREDITS EQUITIES INVESTMENT IN GENERAL

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10,433,742

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13,238,213

39.0 **s** 12,759,226

36.0

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725,720

754,208

62,373,300

2,335,517

2,349,485

CREDITS & EQUITIES

ACCT-LGRS 80 (REV 7/96)

UNRESERVED-DESIGNATED FUND BALANCE

UNRESERVED-UNDESIGNATED

(MUST EQUAL PAGE 05, LINE 51)

TOTAL LIABILITIES OTHER

FIXED ASSETS
FUND BALANCE

TOTAL EQUITIES

RESERVED FUND BALANCE

### INCOME STATEMENT - CONSOLIDATED

AGENCY NAME

Vista Community Development Commission

	luno	30 .19 99			
FISCAL YEAR ENDED	June	30 .19 _ 33		C	1
1100112		A	DEBT	LOW/MODERATE	SPECIAL
		CAPITAL PROJECTS	SERVICE	INCOME HOUSING  * FUNDS	REVENUE/OTHER FUNDS
REVENUES		FUNDS	FUNDS		, ,
TAX INCREMENT - GROSS	ا ا	s	4,938,506	s 1,234,627	<u>s</u>
(INCLUDE ALL APPORTIONMENTS)	1.0 5				
SPECIAL SUPPLEMENTAL SUBVENTION	2.0				
SPECIAL SUPPLEMENTAL SUS					
PROPERTY ASSESSMENTS	3.0				
	4.0				
SALES & USE TAX					
TRANSIENT OCCUPANCY TAX	4.1				
	5.0	488,936	475,261	154,316	
INTEREST INCOME	<del>  3.0   -</del>				
RENTAL INCOME	6.0	269,772			
RENTAL INCOME					
LEASE INCOME	7.0				
	8.0				
SALE OF REAL ESTATE GAIN ON LAND					
HELD FOR RESALE	8.1				
•	9.0				
FEDERAL GRANTS	7.0				
GRANTS FROM OTHER AGENCIES	10.0				
BOND ADMINISTRATIVE FEES	11.0				
OTHER REVENUES	12.0				
		750 700	5,413,767	1,388,943	
TOTAL REVENUES	13.0	758,708	5.413.707		
EXPENDITURES		and the Control of th	Andrew Artenia del altre de la companya de la comp	and the area of the second section and the second section is a second se	
EXPENDITURES	100000000000000000000000000000000000000	1 070 337		s 207,382	
ADMINISTRATION COSTS	14.0 5	1,072,337 s		s 207,302	
	1	FFF 716		63,324	
PROFESSIONAL SERVICES	15.0	555,716			
PLANNING, SURVEY & DESIGN	16.0	403,861			
		_			
REAL ESTATE PURCHASES	17.0				
EXPENDITURES SUB-TOTAL	(18.0)5	2,031,914 s		s 270,706	S
(CARRY TO LINE 19)	1 (10.0)[3				and should form the basis for

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

### INCOME STATEMENT - CONSOLIDATED

AGENCY NAME

Vista Community Development Commission

June 30 FISCAL YEAR ENDED\_ D C В SPECIAL REVENUE/OTHER FUNDS LOW/MODERATE INCOME HOUSING \*FUNDS DEBT SERVICE CAPITAL PROJECTS **EXPENDITURES** (CONT) **FUNDS** 270,706 2,031,914 19.0) SUB-TOTAL (FROM LINE 18) 580,425 402,487 20.0 ACQUISITION EXPENSE OPERATION OF ACQUIRED PROPERTY 21.0 22.0 RELOCATION COSTS 1,011,003 23.0 RELOCATION PAYMENTS 166,220 24.0 SITE CLEARANCE COSTS 393,826 PROJECT IMPROVEMENT/ 9,847,295 25.0 CONSTRUCTION COSTS 26.0 DISPOSAL COSTS LOSS ON DISPOSITION OF 26.1 LAND HELD FOR RESALE DECLINE IN VALUE OF 7,699 34,354 26.2 LAND HELD FOR RESALE 27.0 REHABILITATION COSTS 28.0 REHABILITATION GRANTS 2,759,540 29.0 INTEREST EXPENSE 30.0 FIXED ASSET ACQUISITIONS SUBSIDIES TO LOW & MODERATE INCOME HOUSING 31.0 24,012 31.1 DEBT ISSUANCE COSTS OTHER EXPENDITURES INCLUDING 2,033,118 32.0 PASS THROUGH PAYMENT(S) DEBT PRINCIPAL PAYMENTS: 525,000 TAX ALLOCATION BONDS & NOTES 33.0 REVENUE BONDS & CERTIFICATES 34.0 OF PARTICIPATION CITY/COUNTY 1,705,140 35.0 ADVANCES & LOANS U. S., STATE, & OTHER 36.0 LONG-TERM DEBT 1,484,865 7,022,798 13,517,285 TOTAL EXPENDITURES

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 Schdedules HCD-A and HCD-C.

### INCOME STATEMENT - CONSOLIDATED AGENCY NAME

Vista Community Development Commission

June 30	19 99		_		
FISCAL YEAR ENDED OTHER STATES		A	В		SPECIAL
EXPENDITURES (CONT)		CAPITAL PROJECTS FUNDS	DEBT SERVICE FUNDS	LOW/MODERATE INCOME HOUSING * FUNDS	REVENUE/OTHER . FUNDS
EXCESS (DEFICIENCY) REVENUES	38.0 <b>s</b>	s (12,758,597)	s (1,609,031)	s (95,922)	S
OVER (UNDER) EXPENDITURES				A STATE OF S	The state of the s
OTHER FINANCING SOURCES (USES)		7 046 200			
PROCEEDS OF LONG-TERM DEBT	39.0	7,846,288			
	39.1	1			
PROCEEDS OF REFUNDING BONDS	+	i			
PAYMENT TO REFUNDED BOND	39.2	ıı <u></u> )'	,()	<u>)</u> (	1
ESCROW AGENT	1	1 705 140		,	1
ADVANCES FROM CITY/COUNTY	40.0	1,705,140	ļ		
ADVANCES FROM CIT 1100	T			_ '	
SALE OF FIXED ASSETS	41.0	<del></del>	-		
MISCELLANEOUS FINANCING	41.1	3,370,881	250,040	270,741	
SOURCES (USES)	+				
	42.0	6,330,194	2,453,132		BARCANS AND REPORT HOSPITAL ASSET
OPERATING TRANSFERS IN TAX INCREMENT TRANSFERS IN				A '	
(LOW & MOD HOUSING FUND)	42.1	And white a second of the last of the	Alexander Comment of the Control of	4	Belle State College College of the National Society College
(LOW & MOD HOSSILE)	$T_{in}$	2 726 511	5,991,382	55,433	<u> </u>
OPERATING TRANSFERS OUT	43.0	( 2,736,511 )	( 3,331,006 ,		
TAX INCREMENT TRANSFERS OUT	43.1	i. , , , , , , , , , , , , , , , , , , ,	,	la de la companya de	10
(TO LOW & MOD HOUSING FUND)	+ 72		(= 222 010)	215 200	
TOTAL - OTHER FINANCING SOURCES (USES)	44.05	s 16,515,992	(3,288,210)	s 215,308	S
OTHER FINANCING SOURCES				A Company of the Comp	g of the field global to be and the second
EXCESS (DEFICIENCY) OF REVENUES		1	1	,	1
& OTHER FINANCING SOURCES OVER	1 1	<i>i</i>		1	
EXPENDITURES & OTHER FINANCING	450	s 3,757,415	s (4,897,241)	s 119,386	s
USES (LINE 38 + LINE 44)	45.0			<del></del>	
EQUITY,	46.05	8,937,497	s 15,330,983	s 2,216,131	<u>s</u>
BEGINNING OF PERIOD ADJUSTMENTS:	+	·		,	
ADJUSTMENTS: PRIOR PERIOD ADJUSTMENTS	47.0	64,314		!	<del> </del>
PRIOR PERIOD ADJUSTMENTS	1	1		•	
RESIDUAL EQUITY TRANSFERS	48.0	<u> </u>			
Resident	T	Γ.		'	
OTHER • (EXPLAIN)	49.0	<del></del>	<del> </del>		
	50.0	<i>l</i> '			
EQUITY, END OF PERIOD	10.5		740	2 225 517	
(MUST EQUAL PAGE 04, LINE 39)	51.0	s 12,759,226	s 10,433,742	s 2,335,517	S
(MUST EQUAL PAGE V4. LINE 3.7)				lausing Fund should form the	- basis for the

<sup>\*</sup> 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 Schdedules HCD-A and HCD-C.

FISCAL YEAR ENDED June 3019. 99

AGENCY NAME

Vista Community Development Commission

### ASSESSED VALUATION DATA

ASSESSED	VALUATION DATA	С
FROZEN BASE ASSESSED VALUATION	1.0 s 187,602,251	,
INCREMENT ASSESSED VALUATION	2.0 544,774,945	
TOTAL ASSESSED VALUATION	3.0 5 732,377,196	

### PASS THROUGH / SCHOOL DISTRICT ASSISTANCE

•						
	Г		TAX INCREMENT PA	SS THROUGH DETAIL		11 0.5 C
AMOUNTS PAID TO TAXING AGENCIES PURSUANT TO		H & S CODE SECTION 33401	H & S CODE SECTION 33676	H & S CODE SECTION 33607	TOTAL	H & S CO SECTION
	-					
COUNTY	4.0 s		s	s	<u> </u>	
CITIES	5.0				027 205	
SCHOOL DISTRICTS	6.0	827,395			827,395	5
COMMUNITY COLLEGE DISTRICTS	7.0	26,317			26,317	
SPECIAL DISTRICTS	8.0					Middle State
	10.0 s	853 712	s	S	s 853,712	<u> </u>
TOTAL PAID TO TAXING AGENCIES					5,319,421	
NET AMOUNT TO AGENCY GROSS TAX INCREMENT	11.01		ALCONOMIC CONTRACTOR		6,173,133	
GENERATED	12.01*		all the state of the same of the same	Marie and American Spirit Control		•

### CAPITAL IMPROVEMENT DETAIL

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

Description	Name of Taxing Agency	Amount
		\$
		<u>\$</u>
		<u>\$</u>
		<u>\$</u>

### SUMMARY OF THE STATEMENT OF INDEBTEDNESS - Agency Totals

Agency Name

Vista Community Development Commission

			A
Types of Debts		Total Indebtedness Outstanding As of 6/30/99	
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		
TOTAL	7	\$ 115,825,412	
AVAILABLE REVENUES	8	957,181	)
NET REQUIREMENT	9	\$ 114,868,231	

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

- 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 aboor 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.
- 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

PROJECT AREA ID#

	PLEASE AFPIX LABEL AN	D CORRECT	IF NECE	ZSS.
	AGENCY AND PROJECT AREA NAME			
	37958001 VISTA COMMUNITY DEV COMMISSION PROJECT AREA #1	/ELOPMEI	ИТ	
REVIEWED CLEARED				
KEVIEWED				_
PLEASE PROVIDE A BRIEF DESCRIPTION OF THE ACTI	VITIES FOR THIS DATE PROJECT AREA WAS ESTABLISHED	MM-DD-YY)	(1)	
PROJECT AREA DURING THE REPORTING YEAR.	MOST RECENT DATE PROJECT AREA			
	WAS AMENDED.	MM-DD-YY)	2	
	MOST RECENT DATE PROJECT AREA		_	İ
	WAS MERCED.	MM-DD-YY)	3	_
	ESTABLISHED TIME LIMIT:			
See Attached	REI AT MENT OF THE OF	(EAR ONLY)	4	⊬
	ESTABLISHED TIME LIMIT:		5.1	
•	EFFECTIVE/NEOD OT 1 2/2	(EAR ONLY)	5.1	⊢
	ESTABLISHED TIME LIMIT:		6.1	
	NEW INDEBTEDNESS O	(EAR ONLY)	0.1	-
	SIZE OF PROJECT AREA IN ACRES.		7	L
	PERCENTAGE OF LAND VACANT AT THE			ĺ
	INCEPTION OF THE PROJECT AREA.			l
	MENTILI WILD BUT ELL GODE GEGLIOTI STORM	xx.x%)	8	<b>—</b>
	PERCENTAGE OF LAND DEVELOPED AT			ĺ
	THE INCEPTION OF THE PROJECT AREA.			ĺ
		(x.x%)	9	
	OBJECTIVES OF THE PROJECT AREA			
	AS SET FORTH IN THE PROJECT		10	
	AREA PLAN.		R	
	(ENTER THE APPROPRIATE CODE(S)		1	
	IN SEQUENCE AS SHOWN).		c	
			P	
			0	

STATE USE ONLY

### **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 and 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.

INCOME STATEMENT	AGENCY NAME	Vista	Community	Development	Commission
IMCOME OTHER PROPERTY.	TMALIA LORA MORA MARKET				

PROJECT AREA NAME \_\_#1 June 30 \_\_\_\_.19 <u>99</u>\_ FISCAL YEAR ENDED В SPECIAL REVENUE/OTHER A LOW/MODERATE CAPITAL PROJECTS DEBT SERVICE FUNDS INCOME HOUSING
\* FUNDS REVENUES **FUNDS FUNDS** TAX INCREMENT - GROSS 1,234,627 4,938,506 (INCLUDE ALL APPORTIONMENTS) 1.0 5 SPECIAL SUPPLEMENTAL SUBVENTION 2.0 3.0 PROPERTY ASSESSMENTS 4.0 SALES & USE TAX 4.1 TRANSIENT OCCUPANCY TAX 154,316 475,261 488,936 5.0 INTEREST INCOME 269,772 6.0 RENTAL INCOME 7.0 LEASE INCOME 8.0 SALE OF REAL ESTATE GAIN ON LAND 8.1 HELD FOR RESALE 9.0 FEDERAL GRANTS 10.0 GRANTS FROM OTHER AGENCIES 11.0 BOND ADMINISTRATIVE FEES 12.0 OTHER REVENUES 5,413,767 1,388,943 758,708 13.0 TOTAL REVENUES **EXPENDITURES** 207,382 1,072,337 14.05 ADMINISTRATION COSTS 63,324 555,716 15.0 PROFESSIONAL SERVICES 403,861 16.0 PLANNING, SURVEY & DESIGN 17.0 REAL ESTATE PURCHASES EXPENDITURES SUB-TOTAL 270,706 2.031.914 (18.0**js** (CARRY TO LINE 19)

<sup>\*</sup> 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 Schdedules HCD-A and HCD-C.

INCOME	STATE	EMENT
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AGENCY NAME Vista Community Development Commission
PROJECT AREA NAME #1
19 99

June 30

FISCAL YEAR ENDED June 30	19 9		В	¬ [C	D
EXPENDITURES (CONT)		CAPITAL PROJECTS FUNDS	DEBT SERVICE FUNDS	LOW/MODERATE INCOME HOUSING *FUNDS	SPECIAL REVENUE/OTHER FUNDS
TOTAL (EDOMLINE 18)	( 19.0) <b>s</b>	2,031,914	s	s 270,706	s s
SUB-TOTAL (FROM LINE 18)		402,487		580,425	
ACQUISITION EXPENSE	20.0	702,10.		232,209	
OPERATION OF ACQUIRED PROPERTY	21.0			232,203	
RELOCATION COSTS	22.0				
	23.0	1,011,003			
RELOCATION PAYMENTS		166,220			
SITE CLEARANCE COSTS	24.0		-	202 926	
PROJECT IMPROVEMENT/ CONSTRUCTION COSTS	25.0	9,847,295		393,826	-
CONSTRUCTION COST	36.0				
DISPOSAL COSTS	26.0				
LOSS ON DISPOSITION OF LAND HELD FOR RESALE	26.1				1
DECLINE IN VALUE OF	26.2			1	
LAND HELD FOR RESALE	+ 20.2	24.254		7.699	
REHABILITATION COSTS	27.0	34,354		/,033	
REHABILITATION GRANTS	28.0				
	29.0		2,759,540		
INTEREST EXPENSE	+ 27.5				
FIXED ASSET ACQUISITIONS	30.0			+	
SUBSIDIES TO LOW & MODERATE INCOME HOUSING	31.0				
MODERATE INCOME HOUSING		24,012			
DEBT ISSUANCE COSTS	31.1	L-1 , U.L.			
OTHER EXPENDITURES INCLUDING PASS THROUGH PAYMENT(S)	32.0		2,033,118		
DEBT PRINCIPAL PAYMENTS:	T		525,000		
TAX ALLOCATION BONDS & NOTES	33.0		323,000		
REVENUE BONDS & CERTIFICATES OF PARTICIPATION	34.0				
CITY/COUNTY	35.0		1,705,140		
U. S., STATE, & OTHER	33.0				
LONG-TERM DEBT	36.0			<del></del>	
TOTAL EXPENDITURES	37.0 <b>s</b>	13,517,285	s 7,022,798	s 1,484,865	s sund should form the basis for the

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 Schdedules HCD-A and HCD-C.

INCOME S	TA	TEN	1ENT
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AGENCY NAME Vista Community Development Commission PROJECT AREA NAME #1

June 30 FISCAL YEAR ENDED \_ A SPECIAL REVENUE/OTHER LOW/MODERATE DEBT CAPITAL INCOME HOUSING SERVICE **PROJECTS FUNDS EXPENDITURES** \*FUNDS **FUNDS FUNDS EXCESS (DEFICIENCY) REVENUES** (1,609,031)(95.922) 38.0 **s** (12,758,577) OVER (UNDER) EXPENDITURES OTHER FINANCING SOURCES (USES) 7,846,288 39.0 PROCEEDS OF LONG-TERM DEBT 39.1 PROCEEDS OF REFUNDING BONDS PAYMENT TO REFUNDED BOND 39.2 **ESCROW AGENT** 1,705,140 40.0 ADVANCES FROM CITY/COUNTY 41.0 SALE OF FIXED ASSETS MISCELLANEOUS FINANCING 270,741 250,040 3,370,881 41.1 SOURCES (USES) 6,330,194 2,453,132 42.0 OPERATING TRANSFERS IN TAX INCREMENT TRANSFERS IN 42.1 (LOW & MOD HOUSING FUND) 55.433 5.991.382) 43.0 2.736.511 OPERATING TRANSFERS OUT TAX INCREMENT TRANSFERS OUT 43.1 (TO LOW & MOD HOUSING FUND) 215,308 3,288,210 TOTAL -16,515,992 44.0 OTHER FINANCING SOURCES (USES) EXCESS (DEFICIENCY) OF REVENUES & OTHER FINANCING SOURCES OVER EXPENDITURES & OTHER FINANCING 119,386 (4,897,241)3,757,415 45.0 USES (LINE 38 + LINE 44) EQUITY, 2,216,131 15,330,983 8,937,497 BEGINNING OF PERIOD 46.0 ADJUSTMENTS: 64,314 47.0 PRIOR PERIOD ADJUSTMENTS 48.0 RESIDUAL EQUITY TRANSFERS 49.0 OTHER - (EXPLAIN) 50.0 **EQUITY, END OF PERIOD** 2,335,517 10,433,742 12,759,226 51.0 s (MUST EQUAL PAGE 04, LINE 39)

<sup>\*</sup> 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 Schdedules HCD-A and HCD-C.

# AGENCY LONG-TERM DEBT TAX ALLOCATION BONDS. REVENUE BONDS AND CERTIFICATES OF PARTICIPATION

	. / . /	1220011		D J Comm	viccion		
		AGENCY NAME	Vista Community	Development Comm	11551011		
FISCAL YEAR ENDED June 30	19 99	DPOIECT AREA	NAME #1				
FISCAL YEAR ENDED JUNE SU  USE A SEPARATE COLUMN FOR LI	STING I	EACH BOND AUTHORIZATIO	N NOT FULLY RETIRED. USI	E ADDITIONAL PAGES AS NE	CESSARY		
USE A SEPARATE COLUMN TON SI		[T					
			<u> </u>				
CODING BOXES FOR CONT	ROLLE	R'S USE ONLY					
INDICATE TYPE OF DEBT: TAX ALLOCATION					- A33 - David		
BOND, REVENUE BOND OR CERTIFICATE		Tax Alloc. Bond	Tax Alloc. Bond	Tax Alloc. Bond	Tax Alloc. Bond		
OF PARTICIPATION				1000	1998		
YEAR OF AUTHORIZATION	1.0	1995	1995	1998	1990		
TEAR OF AGINE					s 8,935,000		
PRINCIPAL AMOUNT AUTHORIZED	1.1	s 32,550,000	s 2,980,000	s 5,645,000	- 0,300,000		
PRINCIPAL AMOUNT UNISSUED	1.2						
PRINCIPAL AMOUNT UNMATURED-	2.0	32,550,000	2,935,000	5,645,000	8,935,000		
BEGINNING OF FISCAL YEAR	2.0	02,000,000					
ADJUSTMENTS MADE DURING YEAR	3.0						
(EXPLAIN) PRINCIPAL AMOUNT ISSUED							
DURING FISCAL YEAR.	4.0						
PRINCIPAL AMOUNT MATURED		400 000	( 45,000 )	(	(		
DURING FISCAL YEAR	5.0	( 480,000 )	( 45,000 )	<u> </u>			
PRINCIPAL AMOUNT DEFEASED	ا	,		(	(		
DURING FISCAL YEAR	5.1	1					
PRINCIPAL AMOUNT UNMATURED -	6.0	s 32,070,000	s 2,890,000	s 5,645,000	s 8,935,000		
END OF FISCAL YEAR	- <del></del>						
PRINCIPAL AMOUNT IN DEFAULT	6.1						
PRINCIPAL AMOUNT IN SELECT							
INTEREST IN DEFAULT	6.2						
			REV	ENUES PLEDGED AS ADDITION	ONAL SECURITY		
PURPOSE OF DEBT E	BY AUT	HORIZATION		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				
Capical Improvements							

### OTHER LONG-TERM DEBT

AGENCY NAME Vista Community Development Commission

FISCAL YEAR ENDEDJune_30	.19 99	PROJECT	AREA NAME	_#1		
USE A SEPARATE COLUMN FOR L	STING EA	CH BOND AUTHORIZATIO	ON NOT FULLY R	ETIRED. US	SE ADDITIONAL PAGES AS N	ECESSARY.
OTHER LONG-TERM INDEBTEDNESS	(1.0)	CITY/COUNTY	STATE		U. S.	OTHER
PRINCIPAL AMOUNT UNMATURED- BEGINNING OF FISCAL YEAR	2.0 S	3,335,510	<u>.</u>		<u>s</u>	s
ADJUSTMENTS MADE DURING YEAR (EXPLAIN)	3.0				i	
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 s	12,833,300	s		s	s

	SESSED VALUATIONS - AN				Commission	PA
FISCAL YEAR ENDED JUNE 130 14, 99	PROJECT AREA NAME	#1				<del></del>
		ASSESS	SED VALUATIO	ON DATA	С	
	FROZEN BASE ASSESSED VAL	UATION	1.0	187,602,3 544,774,9		
	INCREMENT ASSESSED VALUATION		2,0 3.0	722 377 1		

### PASS THROUGH / SCHOOL DISTRICT ASSISTANCE

SCI

_		TAVINODEMENT DAG	SS THROUGH DETAIL		
	H & S CODE SECTION 33401	H & S CODE SECTION 3 <u>3676</u>	H & S CODE SECTION 33607	TOTAL	H & S CO SECTION
4.0 5	<b>A</b>	s	s	\$	
5.0	027 205			827,395	S S
7.0			1	26,317	MX 2551 1747 2 T (C
8.0				052.712	
10.0 s	853,712	5	s P	•	<u> </u>
11.0					]
	6.0 7.0	H & S CODE SECTION 33401 A 4.0 s 5.0 6.0 827, 395 7.0 26, 317 8.0	H & S CODE SECTION 33401  4.0 s  5.0  6.0  827,395  7.0  26,317  8.0	# 25 CODE SECTION 33401 SECTION 33676 SECTION 33607  4.0 s s s s s s s s s s s s s s s s s s s	H & S CODE SECTION 33401  A B S CODE SECTION 33607  A B S S S S S S S S S S S S S S S S S S

### CAPITAL IMPROVEMENT DETAIL

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

Description	Name of Taxing Agency	Amount
		<u>\$</u>
		5
		<u>\$</u>
		5

### SUMMARY OF THE STATEMENT OF INDEBTEDNESS - Agency Totals

Agency Name Project Area Name Vista Community Development Commission

	A
Types of Debts	Total Indebtedness Outstanding As of 6/30/99
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
TOTAL	7\$ 115,825,412
AVAILABLE REVENUES	8 ( '957,181 )
NET REQUIREMENT	9 \$ 114,868,231

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 Redevelopment	Project	(504901)	

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

Signature

Rev. 6/3/94

# STATEMENT OF INDEBTEDNESS - FISCAL YEAR INDEBTEDNESS FILED FOR THE 19 99 - 2000 TAX YEAR

Name of Redevelopment Agency Name of Project Area	Vista Redevelopment Agency Vista Redevelopment Project (50-1901)
For Indebtedness Entered into as of	June 30, 19

			Original Da	ita		
Debt Identification	Date	Principal	Term	Interest Rate	Total Interest	Out
	10/95	32, <i>550,000</i>	30 yrs	Var	35,359,832	64
(A) 1995 Tax Allocation Bonds (B) Note Payable - City of Vista	12/93	1,184,714	open	670	open	/,
(C) Vista JPFA 1997 Lease Revenue Bonds	5/47	6,309,418	19 425	Var	3,840,029	9
(D) City Loan- Rancho Buena V,514	8/89	2,135,000	open	Var	open	3
(E) 1998 Tra Allocation Bonds	6/98	14,580,000	30 415	Var	18,409,832	32
(F) Downtown Project Loans	6/99	7,846,288	5 403	Var	open	
(G)						-
(H)						-
(1)						-
(J)		and the second process of the second process			en la companya de la	
Sub Total,						113
This Page						
Totals Forward						
From All Other Pages						
Totals,						11:
Fiscal Year Indebtedness	landa	A CONTRACTOR OF THE PARTY OF TH				

Fiscal Year Indebtedness	
Purpose of Indebtedness:	(F) Land Acquisiton & Public Impre
(A) Public Improvements	(G)
(B) Land Acquisition	 (H)
(C) <u>Public Improvement</u>	(I)
(D) Property Acquisition	(J)
(E) <u>Public Improvements</u>	(6)

### RECONCILIATION STATEMENT - CHANGES IN INDEBTEDNESS

Name of Agency Name of Project Area	Vista Redevelopment Agency Vista Redevelopment Project (504901)	
Name of Projectivities		- Watter Dates, From July 1 19 9 A
Tax Year F Y	1999-2000	Reconciliation Dates: From July 1, 19 98

						<del></del>
			A	В	С	<u> </u>
		1411-Alfication	Outstanding Debt	Adjus	tments	1
		ebt identification: Brief	All Beginning	Increases	Decreases	
	and line:	Description	Indebtedness	(Attach Explanation)	(Attach Explanation)	Ta
Prior Year Pg /	Current Yr Pg I		63,684,140	98 99 Admin Cost 5 12,504	_	7
Line A	Line A	1995 Tax Allocation Bonds		98-99 Intuest	_	
Line B	Line B	Note payable - City of Vista	1,200,510	74,045		$\vdash$
Pg 1	Pg I	Vista JPFA 1947 Lease Revenue Bonds	9,615,921		-	<u> </u>
Line C	Line C		2,135,000	Account Int Since 189	-	
Line D .	Line D	City Loan · Runch Buena Vista	32, 989, 832	-	-	
Line EaF	Pg	1998 Tax Alloc Bonds	-	_	_	
Line Pg	Line Pg		•	98.99 Charge 674,495	-	
Line Pg	Line Pg	Vista Unified School Sifty Fund 98.99		18.99 (4aije 128,253	-	
Line	Line	1/15ta Unitied School >NTT FUND TO 11	109,625,403	2,466,754	_	
TOTAL - TH	115 PAGE		10 11 0 2 2 1 1 2 2			
TOTALS FO	ORWARD			11.535,046	•	فيا
GRAND TO			109,625,403	14,001,800	_	<u> </u>
GRAND IC	,,,,,,,					

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

Rev. 6/3/94

### RECONCILIATION STATEMENT - CHANGES IN INDEBTEDNESS

Name of Agency Name of Project Area	Vista Redevelopment Agency Vista Redevelopment Project (504901)		
Tax Year	•	Reconciliation Dates:	From July 1, 19 <u>98</u>

			A	В	С	
	Debt identification:			Adjus	tments	
		Brief	All Beginning	Increases	Decreases	
	and line:	Description	Indebtedness		(Attach Explanation)	Tax
Prior Year	Pg ·			98.99 Charge	<u></u>	
Pg	Line	Palomer College Passthrough 98-99		26,317		<u> </u>
Line	Pg	Palomar Pollege 1999 Merega Te 11		9899 Chause		
Pg	Line	San Marcos Unified Passtbrough 98:99	-	24,647		
Line	Pg	Jan Haveos Daillea 1935 Marouge 10 1		98-99 Charge		1
Pg	Line	Administrative Advance 98-99	_	1,739,243		1
Line	Pg	Munistrative AgeValler 10		98.99 Charge		
Pg	Line	Durla Adminas to	~	633,168	_	
Line	Pg /	Developm Agreements		New 7,846,288		
Pg	Line F.	Downtown Project Loans	_	+ 98/19 Int 30,756	-	
Line	Pg	Down town Traject hours		98-99 Charge		
Pg	Line	20% Low & Hod Housing Fund	~	1,234,627		10
Line	Pg	20 16 200 = 1/06 / 1003129 / 1008				
Pg	Line					
Line	Pg					
Pg Line	Line	•				
Pg	Pg					
Line	Line					
	Pg					
Pg	Line					
Line	Pg					
Pg	Line					
Line	Pg					
Pg	Line					
Line	LINE					
TOTAL - TH	IS PAGE		-	11,535,046	_	3

### **CALCULATION OF AVAILABLE REVENUES**

	AGENCY NAME Vista R.	development Agency	
	PROJECT AREA Vista R.	development Agency development Project (504901)	
TAX YEAR	1999-2000		
RECONCILIA	TION DATES: JULY 1, 19 <u>46</u> TO	JUNE 30, 19 <u>99</u>	
	Beginning Balance, Available Re (See Instructions)	evenues	1,928,794
	Tax Increment Received - Gross All Tax Increment Revenues, to passed through to other local tax	include any Tax Increment	6,173,133
	All other Available Revenues Re (See Instructions)	eceived	<u> 264,579</u>
	Revenues from any other source in Column E of the Reconciliation	·	
	Statement, but not included in (		392,466
	5. Sum of Lines 1 through 4		8,758,972
	Total amounts paid against inde in previous year. (D + E on Rec		7,801,791
	7. Available Revenues, End of Yea	• •	957,181
	FORWARD THIS AMOUNT TO COVER PAGE, LINE 4	STATEMENT OF INDEBTEDNESS,	

#### **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:

D ... 010104

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

Redevelopment Agency ID Number	95-600478
Name of Redevelopment Agency	Vista Community Development Commission
Address	P.O. Box 1988
City, State, Zip	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

**ZØØ** \$ 376,006

#### B. Mortgage Revenue Bond Interest Payments

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

U2Ø	\$ 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	h	T	
debt.	WØ1	\$	536,252
2. Bond funds - Unexpended proceeds from the sale of bor	d		
issues held pending disbursement.	W31	\$	10.713.689
3. All other funds - Exclude employee retirement funds.		T	
	W61	\$	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 Developmen P.O. Box 1988	t Commission	San Diego
	Vista, CA 92085		
Housing Commu	g Fund (Health and Safety Code Section 3308	0.1). A copy of this report	nintenance and use of the Low & Moderate Income must be filed with the Department of Housing and ublish annually a report of redevelopment agencies'
	unswer each of the following questions in order te report of housing activity and fund balance:		Schedules your agency must prepare to provide a
1.	How many adopted project areas did the age		
	If one or more, prepare and submit a separat	te copy of SCHEDULE HO	D-A for each adopted project area.
	If none, do not submit Schedule HCD-A.		
2.	Did the agency conduct any housing activity	y outside of adopted redeve	lopment project areas during the reporting period?
	Yes. Prepare and submit one copy of SC	HEDULE HCD-B for the	agency.
	No. Do not submit Schedule HCD-B.		
3.	Did the agency have any adopted project are reporting period?	eas, <u>or</u> any funds in the Lo	w & Moderate Income Housing Fund during the
	Yes. Prepare and submit one copy of SC	CHEDULE HCD-C for the	agency.
	No. Do not submit Schedule HCD-C.		
4.	Were any housing projects completed durin	g the reporting period?	
	Yes. Prepare and submit all applicable I	HCD Schedules D1-D7 for	each housing project completed and an HCD Schedule
	E1 summarizing all housing projects or	ompleted.	
	No. Do not submit HCD Schedules D1	-D7 or HCD Schedule E1.	
	best of my knowledge the representations maded herewith are true and correct.	de in the above statement a	and the disclosures contained in the HCD Schedule(s)
	2/14/99	Chit	Deldut
Date		Signature of Authorized	Agency Representative
		Rita Geldert, C	ity Manager
		Title (760) 726 1240	
		(760) 726-1340 Telephone Number	
		•	

California Redevelopment Agencies - Fiscal Year 1998-99 Cover (9/23/99)

### SCHEDULE HCD-A Project Area Activity

### for Fiscal Year Ended 06 / 30 / 99

Ago	ncy	Name: Vista Community Development Comm.	Project Area Name: Proje	ct Area 1
Pre	pare	r's Name, Title: Larry Graff		<u>lgraff@ci.vista.ca.</u> us
Ртс	pare	r's Telephone No: (760) 724-1340 X1102	Preparer's Facsimile No: _	760) 726-1340 X1102
		d Information		
i.	a	Year plan for project area was adopted: 1987 Current of	expiration of redevelopment p	lan: 7 / 16 / 2/
		If project area name has changed, give previous name(s) or		mo cay yr
	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.	ma red	pject areas adopted, and areas added by amendment, after I subject to Section 33413(a), effective 1/1/96, with respect y elect to make all or part of Section 33413 apply to a prolevelopment plan for the subject project area was adopted bection 33413, provide the date and scope of the resolution.	to housing activity specified i ject area for which a plan wa	in Section 33413(d). An agency as adopted before 1/1/76. If the
	Da	te: <u>N//A</u> /; Scope: <u>N/A</u> 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.

b.	Interest Income (line 5):	\$ <u>154,316</u>
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:	\$ <u>46,619</u>
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

5. a. If you are deferring the set-aside, indicate the reason. Check only one of the below Health and Safety Code Section boxes:    Section 33334.6(d): Project was adopted before 1977 and tax increments are needed to meet existing debts.    When was the initial finding adopted?
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?
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?
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?
contractual obligations incurred before May 1, 1991 requiring continued use of this funding.  When was the initial finding adopted?
Date Resolution sent to HCD:
Date Resolution sent to HCD:
Deferral(s)  5. When was current year finding adopted for any exemption claimed in 4.a.?    Moday   Mo
b. When was current year finding adopted for any exemption claimed in 4.a.?/
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:    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
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:    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
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:    Section 33334.6(d): Project was adopted before 1977 and tax increments are needed to meet existing debts.    When was the initial finding adopted?
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:    Section 33334.6(d): Project was adopted before 1977 and tax increments are needed to meet existing debts.    When was the initial finding adopted?
Section 33334.6(d): Project was adopted before 1977 and tax increments are needed to meet existing debts.  When was the initial finding adopted?
When was the initial finding adopted?
Identify Resolution # mo day yr  Date Resolution sent to HCD:/ mo day yr  Note: The previous allowable deferral under Section 33334.6(e) expired. It was only
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 <u>current year</u> finding adopted for any deferral claimed in 5.a.?/
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 Amount of Prior FY Cumulative Amount During FY Deferrals Repaid Deferred (Less Any During FY 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.
* 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
* The cumulative amount of deferred set-aside should also be shown on Line 5b. of Schedule HCD-C, Page 3 of 8.

Deferral(s)	Line 5	(continued)

N/A

d.	Section 33334.6(g) requires any agency which defers set-asides to adopt this agency has deferred set-asides, has it adopted such a plan? Yes	
	If yes, by what date is the deficit to be eliminated?	no day yr
	If yes, when was the <u>original</u> 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?	

### Housing Units Lost and Households Displaced

Identify Resolution # \_\_\_\_\_

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.

\_\_\_\_\_ Date Resolution sent to HCD

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)					

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 <u>during</u> the fiscal year.

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

HONE

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

Date	_1_	<u>/ 12</u>	<u>, 99</u>	Name of Agency Custodian	City Clerk
	mo	day	yr		
Date		/	/	Name of Agency Custodian	
	mo	day	yr		
Date		<i>J</i>	/	Name of Agency Custodian	
	mo	day	yr		
		Please	attach a	separate sheet of paper listing any additi	ional housing plans adopted.

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 <u>next</u> 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:

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 <u>next two years</u>, 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	<b>Execution Date</b>	Estimated Date of Completion	VL	L	М	Total
		-				
						<u> </u>
		·		<b></b> -	ļ	<del> </del>
						<del> </del>
				<u> </u>	<del> </del>	<del> </del>
					-	<del> </del>

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 l	Name: Vista Community Development Comm. Project Area Na	me:	Pro.	ject	Area	1	
Preparer'	s Name, Title: <u>Larry Graff, Management A</u> nalystPreparer's E-Ma	ail Addre	ss:1 <u>q</u> ı	raff	oci.∖	rista.	ca.us
Preparer'	's Telephone No: (760) 726-1340 X1102 Preparer's Facs	imile No	: <u>(76</u>	0) 6	39-6	188	
Housing	Units Lost and Households Displaced N/A						
	Pursuant to Sections 33080.4(a)(1) and (a)(3), report the number of dwelling from outside the project areas as a result of redevelopment activities; the num agency is not required to replace; and the income category and type of housely project areas during the fiscal year.	ber of ab	ove m	odera	e unit	s or bed	rooms the
	Income Level	VL	L	М	AM	Total	
	Households Permanently Displaced -Elderly	+		<del>                                     </del>			
	Households Permanently Displaced - Non Elderly			<del>                                     </del>			
	Households Permanently Displaced - Total			<b></b>	<b></b> -		
	Units Lost (Removed or Destroyed, and Required to be Replaced)	1					
	Bedrooms Lost (Removed or Destroyed, and Required to be Replaced	1)					
	Units Lost (Above Moderate: Not Required to be Replaced)						
	Bedrooms Lost (Above Moderate: Not Required to be Replaced)						
b. N/A	Pursuant to Sections 33080.4(a)(1) and (a)(3), report the number of househol redevelopment activities other than the destruction or removal of dwelling ur areas; and the income category and type of households permanently displace fiscal year.	its and b	edroo	ms fro	m out	side the	project
	Income Level	VL	L	M	AM	Total	
	Households Permanently Displaced -Elderly			1			ĺ
	Households Permanently Displaced - Non Elderly						1
	Induserious Permanentily Displaced - Non Elderly			l			
	Households Permanently Displaced - Non Elderly  Households Permanently Displaced - Total						
	<u> </u>	•	-				val of
c. N/A	Households Permanently Displaced - Total  Identify each replacement housing plan adopted that is related to permanent dwelling units or bedrooms during the fiscal year and identified in paragraph  Date//	•	-				val of
	Households Permanently Displaced - Total  Identify each replacement housing plan adopted that is related to permanent dwelling units or bedrooms during the fiscal year and identified in paragraph  Date/	ns in 6a.	and 6t	o., as f	ollow:		val of
	Households Permanently Displaced - Total  Identify each replacement housing plan adopted that is related to permanent dwelling units or bedrooms during the fiscal year and identified in paragraph  Date/	•	and 6t	o., as f	ollow:		val of
	Households Permanently Displaced - Total  Identify each replacement housing plan adopted that is related to permanent dwelling units or bedrooms during the fiscal year and identified in paragraph  Date/	ns in 6a.	and 6t	o., as f	ollow:		val of
	Households Permanently Displaced - Total  Identify each replacement housing plan adopted that is related to permanent dwelling units or bedrooms during the fiscal year and identified in paragraph  Date// Name of Agency Custodian mo day yr  Date// Name of Agency Custodian mo day yr  Date// Name of Agency Custodian	ns in 6a.	and 6t	o., as f	ollow:		val of
	Households Permanently Displaced - Total  Identify each replacement housing plan adopted that is related to permanent dwelling units or bedrooms during the fiscal year and identified in paragraph  Date/	ns in 6a.	and 6t	o., as f	ollow:		val of

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 <u>next</u> 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 <u>next</u> reporting period and identified in paragraph 7a., as follows:

Date		Name of Agency Custodian	
	mo day yr		
Date		Name of Agency Custodian	
	mo day yr		
Date		Name of Agency Custodian	
	mo day yr	<b>.</b>	

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 N/A contract or agreement. Also include the estimated completion dates of the units.

#### 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
		-				<u> </u>
						<u> </u>
<del></del>						
<del></del>				]	<u> </u>	
· · · · · · · · · · · · · · · · · · ·					<u> </u>	<u> </u>
	<u> </u>					<u> </u>
<del></del>	<u> </u>					<u> </u>
				1	1	1

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

#### Agency-wide Activity

for Fiscal Year Ended 6 / 30 / 99

Victa Community Development Comm

Age	ency Name:	
Pre	parer's Name, Title: Larry Graff, Management Analyst Preparer's E-Mail Address: 1gra	aff@ci.vista.ca.us
Pre	parer's Telephone No: (760) 726-1340 x1102 Preparer's Facsimile No: (760)	) 639-6188
<u>Lo</u>	w & Moderate Income Housing Funds	
	port on the "status and use of the agency's Low and Moderate Income Housing Fund," including info h Sections 33080.4(a)(6) and (a)(8). Information reported here should be based on that reported to	
1.	Beginning Balance	
	(Must equal line 4, "Net Resources Available" from last year's HCD-C form):	\$ <u>2,216,131</u>
	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):	<u>\$ 2,216,131</u>
2.	Resources:	
	<ul> <li>a. Total Resources From Project Areas: (Sum of amount(s) from line 3k. on Schedule HCD-A(s)):</li> <li>b. Other resources not reported on Schedule HCD-A(s)</li> </ul>	\$ <u>1,659,684</u>
	(Specify:):	\$
3.	Subtotal of Expenditures and Other Uses (total of HCD-C, pages 2-3, lines 3ak. below):	(\$1,540,298)
	NOTE: The line items below were expanded to include specific line items from the State Controller's Financial Transactions of Community Redevelopment Agencies to facilitate preparation of t	<u> </u>

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.

#### 3. Subtotal of Expenditures and Other Uses (continued)

	_			• . •
a.	Property	Aca	1110	ition.
a.	TIODCITY	ACU	uio.	iuvii.

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):	\$ 5	80,425			
	(3)	Operation of Acquired Property (Line 21):		32,209	•		
	(4)	•		<del></del>			
	(5)	Relocation Payments (Line 23):	\$		•		
	,	Site Clearance Costs (Line 24):	\$	·····	•		
	(7)	Disposal Costs (Line 26):	\$ \$ \$ \$ \$		-		
	.,	Other (Specify):	\$		•		
	(0)	Property Acquisition Subtotal:	<u> </u>		٠,	812,634	
		Tioporty Tioquiomon Guotomi.			<u> </u>		_
b.	<u>Su</u>	bsidies from the LMIHF:					
	(1)	1st Time Homebuyer Down Payment Assistance:	\$				
	(2)	Rental Subsidies:	\$		-		
	(3)	Purchase of Affordability Cov. (33413(b)2(B):	\$		-		
		Other (Specify):	\$		-		
	` '	Subsidies Subtotal to LMIHF (line 31):			- \$		
		·			_		-
<u>c.</u>	De	ebt Service (33334.2(e)(9)):					
	(1	) Debt Principal Payments:					
	(a)	Tax Allocation Dands & Notes	•	55 <b>133</b>			

(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):	\$

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

Debt Service Subtotal:

(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

\$ 55,433

3.	Subtotal	of Ex	penditures	and	Other	Uses (	(continued)
----	----------	-------	------------	-----	-------	--------	-------------

	e.	On/Off-Site Improvements (33334.2(e)(2)):		\$ 393,826	_
	f.	Housing Construction (33334.2(e)(5)):		\$	
	g.	Housing Rehabilitation (33334.2(e)(7)), (Line 27c):		\$ 7,699	•
	h.	Maintenance of Mobilehome Parks (33334.2(e)(10)):		\$	-
	i.	Preservation of At-Risk Units (33334.2(e)(11)):		\$	<del>-</del> -
	j.	Transfers Out of Agency:			
	(1)	For Use Outside Community (33334.17)	\$		
	(2)	For Transit Village Development Plan (33334.19):	\$		
	(3)	Excess Surplus (33334.12(a)(1)(A)):	\$ \$ \$.	<del></del>	
	(4)	Other (cite code section authorizing the transfer):	<b>\$</b> .		
		Code Section			
		Total Transfer Out of Agency:		\$	
	k.	Other (Specify):	<del></del>	\$	- -
4.	Net	Resources Available (End of Year [1.+2a.+2b3a-k.]):			\$ 2,335,517
5.	Oth	er Housing Fund Assets (not included on Line 4, above):			
	a.	Value of Land Purchased with Housing Funds and Held	l for		
		Development of Affordable Housing			\$
	b.	Indebtedness for Set-asides Deferred (Sec. 33334.6):			\$
	c.	Loans Receivable for Housing Activities		•	\$
	d.	Residual Receipt Loans			\$
	e.	ERAF Loans Receivable (all years) (Sec. 33681):	•		\$ \$
	f.	Other Assets (Specify):			\$

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.

6. Total Fund Equity (4.+5a. through 5f.):

\$ 2,335,517

#### 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 <b>7/1/98</b> *	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			<b>\$</b>	\$ 0	<b>s</b> 0
95-96	\$ 774,635			<b>\$</b> 0	\$ 0	\$ 0
96-97	\$ 835,031			<b>\$</b> 0	\$ 0	\$ 0
97-98	\$1,056,404			\$ 0	\$ 0	<b>s</b> 0
98-99		\$ 3,392,751	\$ 2,216,131	\$ 0	\$ 0	<b>s</b> 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):

(3) Unencumbered Balance (End of Year [8b(1) - 8b(2)])

\$ 2,210.517

\$ 2,210,517

Breakdown of Unencumbered Balance (End of Year):

(a) Unencumbered Designated (portion of line 8b(3))

(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.

2,210,51<sup>7</sup>

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:

Agency	Name: Vista Co	ommunity Deve	lopment (	Comm.			
Miscell	aneous Uses of Funds	N/A					
inc ret	an amount is reported in come households directly nabilitation, or the eliminal provements, no units sl	n 3e., pursuant to Se by benefited from ex ination of health and	penditures fo I safety hazaı	r onsite/offsite impre	ovements, which res	ulted in new constru	iction,
Income Level	Construction	Rehabilitatio	on	Health and Safety	Duration of I	Deed Restriction	None
Very	Low		·				
Low							
Mod	lerate						
	the agency is holding late of purchase, zoning,	and anticipated star	rt date for the	e housing developme	ent. N/A		None
	Site Name/Locat	ion* No. of Acres	Zoning	Purchase Date	Estimated Date Available	Comm	ents 
			<del></del>				
				<del>                                     </del>			
	Please	attach a separate sh	eet of paper	listing any additiona	al sites not reported :	above.	
						-	
	Section 33334.13 requirevenue bond program,						
	a. Has your agency us 33334.13(a)?	ed the authority rela	ted to definit	tions of income or fa	ımily size adjustmen	t factors provided i	n Section
	.,				Yes 🗌	No Not Ap	plicable 🗌
	b. Has the agency con equal to twice that I	nplied with requiren provided for above r		` '	ted to assistance for	very low-income he	ouseholds
					Yes 🗌	No Not Ap	plicable [

Agency Name: Vista Communit	y Development Commission
12. Did the Agency use non-LMIHF fu	nds as matching funds for the Federal HOME or HOPE program during the reporting period?
YES NO	$oldsymbol{ol{ol}}}}}}}}}}$
If yes, please indicate the amount of	non-LMIHF funds that were used for either HOME or HOPE program support.
HOME \$	HOPE \$
and withdrawals of moneys deposit	the description of the agency's activities shall include the date and amount of all deposits ed to and withdrawn from the LMIHF during the reporting period. The deposit and pt and promptly submitted to HCD upon request and made available to any member of the
Has your agency made any deposits	to or withdrawals from the LMIHF? Yes \( \bigcap \) No \( \bigcap \)
If yes, identify the document(s) des (attach additional pages as necessar Name of document: Date of document:  Name of Agency Custodian: Custodian telephone number: Where to obtain a copy:	cribing the agency's deposits and withdrawals by listing for each document, the following cy):  General Ledger 6 / 30 / 99 mo day yr Dale Nielson (760) 726-1340 x1023 Vista City Hall
Name of document: Date of document:  Name of Agency Custodian: Custodian telephone number: Where to obtain a copy:	mo day yr
Achievements	
reporting period to increase, impro along with the program or project a. Name of Project or Program:	ding or innovative project, practice, or program the agency participated in during this ove or preserve the community's affordable housing supply. Provide the following information description:  Vista Manor Mobile Home Park  Dr. Michael Harris
<ul><li>b. Contact Person:</li><li>c. Telephone Number (contact p</li><li>d. Description:</li></ul>	
Owner/Developer:	Caritas of Vista
Management Entity:	Community Asset Management
Architect:	N/A
Contractor:	N/A
Funds Utilized: (Sources) T  Construction XXPerm	ype: anent Loan/Grant   Land Lease   XX Other Mortgage Revenue Bonds

Agency	Nam	ne: Vista	Commur	nity Deve	lo	pment	Commis	sion						
	Dev	elopment T	R	ental New Co ental Rehabili ental Acquisit ew Constructi wner Occupie fortgage Assis	tation do tata	ion Only  n & Rehal  n of For Sa  Rehabilita  nce of For  mebuyers  tance	ale Units ation r Sale Uni		tion &	Rehabi	<u>lita</u> t			
				icome Levels		Very-le Low In Moder Above	ow Incom icome ate Incom Moderat	ne ne e Income	s 0 s 26.2 s s	51		\$ 26, \$ 42, \$	000	_ 50 _ 80 _
	#		ED (MEN		Ľ				RMANEN		#			HOUSING
N/A	#		ED (PHYS		-				HOUSEHO	DLD	#	ELDER		
ща	#	FARMV	NORKER (	MIGRANT)	1			USEHOL			#	EMERC	SENCY SH	HELTERS
		nsity (units		:	- :ve			Bedrooms	r of Units		<b></b>	156 (	units	
		T	C: (-0)	D 4 - 1 D - 4 -	7	IVIT OVE	lr 0177	~	7	·	. ~	_		
		Туре	Size (SI)	Rental Rate	4	VLOW	+	MOD	AMOD			_		
		1 BR	ļ		1	32	88	<b> </b>	ļ	12	<u>U</u>	4		
		2 BR	-		1		<u> </u>	<u> </u>				_		
		3 BR			1				1			!		
		4 BR			1			-						
		TOTAL			1					1		7		
R		Type = Cor Source Mobile M.H.P.	struction,  Home Property Subord  Receip	ME, LIHTC, Mermanent Loark Rev.Binate Rev.Bi	oar OI	NGrant L Amou  nds \$ _ Bondss _	and Lease st. \$5,96 40 55	55,000 00,000 50,000		<u>Type</u> <u>Se</u> <u>Se</u>	ries ries	1999 B		
	Co	onstruction '	Type: (c.g.	., convention	al.	family, ty	vo storv. 1	manufactu	ired housi	ng etc.)				
			-	•			_		SOURCES		JSES OF	FUNDS	ı	
	De	evelopment			Fo	ollowing a	re the estin	nated sour	ces and use	es of fund	Is for the	financing.		
		Property A	•	٠	٠.									
		Infrastructi	ure	ì	×	ources of Fr	<u>unas</u> I Amount	of Series A	Bonds			\$ 5	5,965,000	
		Construction	on			Principa	l Amount	of Series B	Bonds				400,000	
Public Fees						Agency							550,000	
		Project Res	serves			Tota	al Sources o	of Funds				\$ (	6,915,000	
		Other Cost												
Califor Sch C (		Total Deve development Ag	elopment C	ļ	ע	Original Project I Series A Cost of I Repair	rriter's Dis I Issue Dis Fund I Bonds Do Issuance F and Repla	count ebt Service und(2) cement Fu	: Reserve F ind Reserve F			\$	75,300 52,000 5,943,756 416,941 255,044 144,000 27,959	of 8
						Tot	al Uses of	Funds				\$	6,915,000	100

#### Vista Community Development Commission Agency Name:

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).

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.

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 Unusual features, income at 80% MFI. As a result, there will be 120 restricted spaces out of a total of 159 spaces in the Park.

This program was establishes 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.

P/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

### **GENERAL PROJECT INFORMATION**

		all applicable Schedule Development Comm		e completed for <u>each</u>	Housing Project.
Redevelopme	ent Project Area Na	me, <u>or</u> "Outside":	Outside		
Housing Proj	ect Name: Vis	ta Manor Mobile H	ome Park		
Project Addre	ess:				
<u>Street:</u> 200 Olive	e Ave.	<u>City</u>	: Vista	<u>Zip:</u>	92083
Owner Name	: <u>Caritas of V</u>	ista			
Total Project I # 159 Total Project I	Bedrooms: #_Unkno	Restricted Units: # 120 wn Restricted Bedroo e Homes nce, do not complete an	ms: #_235 U		s: #_Unknown/Mobile Homes
For projects wi	ith no Agency assista	nce, do not complete an	y more of HCD-D1 of	any or NCD-D2-D0. C	my complete nob-br.
Was this Pro Number of U Number of E Number of U	oject a development Inits Not in Complia Bedrooms Not in Co Inits Restricted for	·•·	nent Code Section 6 idents in unit): of residents in unit):	65863.10(a)(2)?	YES NO
		eed "Total Project Units			
					ck, if data not available
		n one of the "Special N tricted for Special Need		nerefore the sum of a	Il "Special Needs" can
# DISABI	LED (Mental) LED (Physical) VORKER (Migrant)	# FARMWORKER # FEMALE HEAD # LARGE FAMILY (4 or more Bedre	OF HOUSHOLD #	•	
Use Restric	tion Dates (enter ap	propriate dates):			
	Replacement	ſ <u></u>	Housing Units	Other Hous	sing Units Provided
	Housing Units	Inside Project Area	Outside Project Are	a With LMIHF	Without LMIHF
Inception				·	3/1/99
Termination	<u></u>		<u> </u>		3/1/29
Funding So Redevelopm Federal Funds State Funds Other Local Private Fund Owner's Equ TCAC/Feder TCAC/State Total Developm	nent Funds: ds : Funds: ds: uity: ral Award:	\$550,000 \$\$ \$\$ \$\$ \$\$ \$\$ \$\$		Park Revenue Bor	nds)
Check all a	ppropriate form(s)	listed below that will I	be used to identify	all Project Units <u>or</u> i	Project Bedrooms:
Replacer (Sch HC	ment Housing Units D-D2)		i: Area (Sch HCD-D3) ct Area (Sch HCD-D4		(Sch HCD-D5) HF (Sch HCD-D6) Agency Assistance

Agency	/: <u></u> Yi	sta (	Commu	nity [	evelor	oment	Commi	ssio	<u>n</u>						
	•		-	Area Na					)utside	2					
Housin	g Proj	ect Na	ame: _	Vis	ta Man	or Mol	bile	Home	Park			<del></del>			
Check	only o Inside		xt Area	ı	D	Outsig	<u>de</u> Pro	ject Ar	ea						
	only o			apply,	•	ete a se	•			h:					
	Check only one. If both apply, complete a separate form for each:														
^			of uni	ts for ea					ow:						
A.	New C			<u> Units:</u>	N//	P									
			Iderly U					Elderly					·	Elderly U	
	VLOW	LOW	MOD	TOTAL	INELG.	Arom	LOW	MOD	TOTAL	INELG.	VLOW	LOW		TOTAL	INELG.
												l			
В.	Substa	antial	Reha	<u>bilitatio</u>	n Units	: N/A	\								
			lderly U			. 11/ F		Elderly	Units		To	tal Elderi	y & Non	Elderly U	Inits
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
•	·							- 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	لـــــــا		L	·		> December 1	
C.	Other		Substa Iderly U	antial R	<u>ehabilit</u>	tation U		  Elderly	V/A		To	tal Eldari	ly & Mon	Elderly L	Inite
	VLOW				INELG.	VLOW				INELG.				TOTAL	
	,			10176					101AL		12011		WICO		\cca.
	لـــــا				لــــا	L			لنجسا		L				
D.	<u>Acqui</u>		Only:	N/A	,		Nor	ı Elderi	y Units		To	ital Elder	ty & Nor	n Elderiy (	Units
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
E.	Mobile			er / Res	sident:	N/A									
	VLOW		Iderly U		1151.0	1/1 01/1		n Elderi	<u>-</u>				<u> </u>	n Elderly	
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD		INELG.
			لــــا	<u></u> }					<u></u>		L		<u> </u>		
<b>F.</b>	Mobile	ehom	e Parl	k Owner	r / Resid	dent:									
		E	Elderly L	Jnits			No	n Elderi	y Units		To	otal Elde	rly & No	n Elderly	Units
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
						32	88		120	39	32	88		NAME:	39

Agency	gency Name: Vista Community						nmiss	<u>i</u> on	Housi	ing Proje	ct Name	:Vist	a Man	or M.H	.P.	
G.	Droco	aration	- /LI 2.0	c 2222/	1 2/5/(11	l\ Don	tal Onl		N / B							
G.	Piesei		derly U		l.2(e)(11	), neii		Y). Elderly	N/A Units		To	tal Elderi	ly & Non	Elderly L	Inits	
	VLOW			TOTAL	INELG.	VLOW			TOTAL	INELG.				TOTAL		
H.	Subsi	dv (ot	her th	an spe	cified o	ptions	here):		N/A							
• • •	<u> </u>		iderly L			F-1-7-11-2		n Elderly	Units		To	tal Elder	ly & No	n Elderly I	Units	
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	
í.	Other	Assis	tance	12					N/A							
	<u> </u>		iderly l				No	n Elderly		•	To	tal Elde	rly & No	n Elderly	Units	
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	
							•									
•											*					
									-							
															279	
тот	AL <u>UN</u>	<u>ITS</u> (A	dd tot	als of a	ll <u>shaded</u>	"Total	Elder	ly / Nor	Elderly	y Units"	<b>'):</b>				all sales	
If TO	TAL <u>UN</u>	ITS is	less tha	ın "Total	Project l	Inits" sl	iown on	HCD S	chedule i	D1, repoi	rt the ren	nainder	as instri	ucted belo	w.	
☐ Re	k all ap eplacen ch HCE	nent H	riate fo	orm(s) g Units		clusiona	ary Uni	ts:	sed to i			ther Ho	ousing	Units Pr	be reporovided:	
(0)	J., , , , OL	, UL)					-		a (Sch I	•	4) [	] Witho		Agency	Assista	-

A		l <b>all applicable Schedule</b> Development Commis		хотрівіва іог <u>васті</u> по	ousing Project.
•					
•	•	<b>me,<u>or</u>"Outside":</b> gle Family Housin			
_		gre raming housin	y Kenabirioa oron	<del> </del>	
Project Adda	ress:	0:4-		7in.	
<u>Street</u> : 246 Casp	oer Lane	<u>City</u>	ز: Vista	<u>Zip</u> : 	92083
Owner Name	e: <u>Ferine Lemi</u>	eux			
Total Project	Units:	Restricted Units:		estricted Units:	
# Total Project	Bedrooms: #	# <u>1</u> Restricted Bedroo	# oms: # Unre	ostricted Bedrooms: #_	0
			ny more of HCD-D1 or an		
(1 O. p. 0) 00 00			.,	, 61.1102 22 23 23,	
For the fisca	al year being report	ed, was the Annual M	onitoring Report receiv	red?: YE	S NO N/A
Was this Pro	oject a developmen	t identified in Governi	ment Code Section 658	63.10(a)(2)? 🔲 YE	•
Number of U	Jnits Not in Compli	ance (income/ # of res	idents in unit):	#0	
. Number of E	Bedrooms Not in Co	ompliance (income/#	of residents in unit):	# 0	
	Jnits Restricted for	•			
		eed "Total Project Units	s")	# <del>0</del>	
Number of U	Jnits Restricted Tha	at are Serving One or	More Special Needs: #	0	f data not available
		an one of the "Special Netricted for Special Need	leeds" listed below, there	efore the sum of all "S	pecial Needs" can
# DISAB	LED (Mental)	# FARMWORKER	t (Permanent) #	TRANSITIONAL HO	USING
-	LED (Physical)		OF HOUSHOLD #	ELDERLY	•
# FARM		# LARGE FAMILY	<i>'</i>	EMERGENCY SHEL	TERS
	WORKER (Migrant)	BAIGE I AMIEI	come)	<del></del>	
- CALITAIN	WORKER (Migrant)	(4 or more Bedr	ooms)	(allowable use <u>only</u> v	vith "Other Housing
		(4 or more Bedr		<del></del>	vith "Other Housing
	tion Dates (enter ap	(4 or more Bedropropriate dates):	N/A Housing Units	(allowable use <u>only</u> v Units Provided - Wit	vith "Other Housing
	tion Dates (enter ap	(4 or more Bedropropriate dates):	N/A Housing Units	(allowable use <u>only</u> v Units Provided - Wit	with "Other Housing hout LMIHF" money)
	tion Dates (enter ap	(4 or more Bedropropriate dates):	N/A	(allowable use <u>only</u> v Units Provided - With Other Housing	with "Other Housing hout LMIHF" money)  Units Provided
Use Restric	tion Dates (enter ap	(4 or more Bedropropriate dates):	N/A Housing Units	(allowable use <u>only</u> v Units Provided - With Other Housing	with "Other Housing hout LMIHF" money)  Units Provided
Use Restric	tion Dates (enter ap Replacement Housing Units ources:	(4 or more Bedropropriate dates):	N/A Housing Units	(allowable use <u>only</u> v Units Provided - With Other Housing	with "Other Housing hout LMIHF" money) Units Provided
Inception Termination Funding So	Replacement Housing Units ources:	(4 or more Bedropropriate dates): Inclusionary Inside Project Area  \$_19,295	N/A Housing Units	(allowable use <u>only</u> v Units Provided - With Other Housing	with "Other Housing hout LMIHF" money) Units Provided
Use Restric	Replacement Housing Units Ources: nent Funds:	(4 or more Bedropropriate dates):  Inclusionary Inside Project Area  \$_19,295 \$_	N/A Housing Units	(allowable use <u>only</u> v Units Provided - With Other Housing	with "Other Housing hout LMIHF" money) Units Provided
Inception Termination Funding Son Redevelopm Federal Funds Other Local	Replacement Housing Units  Durces: nent Funds: ds : Funds:	(4 or more Bedropropriate dates): Inclusionary Inside Project Area  \$_19,295	N/A Housing Units	(allowable use <u>only</u> v Units Provided - With Other Housing	with "Other Housing hout LMIHF" money) Units Provided
Inception Termination Funding Son Redevelopm Federal Funds Other Local Private Funds	Replacement Housing Units  burces: nent Funds: ds : Funds:	(4 or more Bedropropriate dates): Inclusionary Inside Project Area  \$	N/A Housing Units	(allowable use <u>only</u> v Units Provided - With Other Housing	with "Other Housing hout LMIHF" money) Units Provided
Inception Termination Funding Son Redevelopm Federal Funds Other Local	Replacement Housing Units  ources: nent Funds: ds : Funds: ds: uity:	(4 or more Bedropropriate dates): Inclusionary Inside Project Area  \$	N/A Housing Units	(allowable use <u>only</u> v Units Provided - With Other Housing	with "Other Housing hout LMIHF" money) Units Provided
Inception Termination Funding Son Redevelopm Federal Funds Other Local Private Fund Owner's Equation TCAC/Fede TCAC/State	Replacement Housing Units  ources: nent Funds: ds : Funds: ds: uity: ral Award: Award:	(4 or more Bedropropriate dates):  Inclusionary Inside Project Area  \$	N/A Housing Units	(allowable use <u>only</u> v Units Provided - With Other Housing	with "Other Housing hout LMIHF" money) Units Provided
Inception Termination Funding Son Redevelopm Federal Funds Other Local Private Funds Owner's Equation TCAC/Fede TCAC/State Total Developments	Replacement Housing Units  Housing Units  ources: nent Funds: ds : Funds: ds: uity: ral Award: Award: opment/Purchase Co	(4 or more Bedropropriate dates): Inclusionary Inside Project Area  \$	N/A Housing Units Outside Project Area	(allowable use <u>only</u> v Units Provided - Wit Other Housing With LMIHF	with "Other Housing hout LMIHF" money)  Units Provided  Without LMIHF
Inception Termination Funding So Redevelopm Federal Funds Other Local Private Fund Owner's Equ TCAC/Fede TCAC/State Total Developm	Replacement Housing Units  ources: nent Funds: ds : Funds: ds: uity: ral Award: Award: opment/Purchase Co	(4 or more Bedropropriate dates):  Inclusionary Inside Project Area  \$	N/A Housing Units Outside Project Area	(allowable use <u>only</u> v Units Provided - With Other Housing With LMIHF	with "Other Housing hout LMIHF" money)  Units Provided  Without LMIHF
Inception Termination Funding Son Redevelopm Federal Funds Other Local Private Funds Owner's Equ TCAC/Fede TCAC/State Total Developm Check all a	Replacement Housing Units  Durces: nent Funds: ds : Funds: ds: uity: ral Award: Award: opment/Purchase Co	(4 or more Bedropropriate dates):  Inclusionary Inside Project Area  \$	N/A Housing Units Outside Project Area be used to identify all	(allowable use <u>only</u> volumes Provided - With LMIHF  With LMIHF  Project Units or Proj	with "Other Housing hout LMIHF" money)  Units Provided  Without LMIHF  ect Bedrooms:
Inception Termination Funding So Redevelopm Federal Funds Other Local Private Fund Owner's Equ TCAC/Fede TCAC/State Total Developm	Replacement Housing Units  Durces: nent Funds: ds : Funds: ds: uity: ral Award: Award: opment/Purchase Co	\$\frac{19,295}{\light}}{\light}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	N/A Housing Units Outside Project Area be used to identify all Area (Sch HCD-D3)	Other Housing With LMIHF  Project Units or Proj Other Housing Units  My With LMIHF (Sch	with "Other Housing hout LMIHF" money)  Units Provided  Without LMIHF  ect Bedrooms:  S Provided:  h HCD-D5)
Inception Termination Funding Son Redevelopm Federal Funds Other Local Private Funds Owner's Equ TCAC/Fede TCAC/State Total Developm Check all a	Replacement Housing Units  Durces: nent Funds: ds : Funds: ds: uity: ral Award: Award: opment/Purchase Co	\$\frac{19,295}{\light}}{\light}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	N/A Housing Units Outside Project Area be used to identify all	(allowable use <u>only</u> volumes Provided - With LMIHF  With LMIHF  Project Units or Proj	with "Other Housing hout LMIHF" money)  Units Provided  Without LMIHF  ect Bedrooms: s Provided: h HCD-D5) (Sch HCD-D6)

Agency	/:	Vista	_ Com	nunity	Devel	opmen	t Com	nissi	on						
Redeve	elopme	ent Pro	oject <i>l</i>	Area Na					side						
Housin	g Proj	ect Na	ame: _	Sin	gle Fa	mily	Housi	ng Re	habili	tation	) 				
Check	only o Inside		t Area	l	[5	Outsi	<u>de</u> Pro	ject Ar	ea						
	only o Agenc			apply,		te a se Non-				h:					
	Check only one. If both apply, complete a separate form for each:    Rental   Qwner-Occupied														
Enter t	Enter the number of units for each applicable activity below:														
Α.	A. New Construction Units: N/A  Elderly Units Non Elderly Units Total Elderly & Non Elderly Units														
В.	Substa		Rehal	bilitatio Inits	n Units	:	N/A <b>No</b> n	Elderly	Units		To	tal Elderi	y & Non	Elderly U	nits
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
							· ]								
C.	Other	Non-S	Substa	antial R	ehabilit	ation l	Jnits:								
			lderly U					Elderly	Units		То	tal Elder	ly & Non	Elderly L	Inits
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
							1		-			1			
D.	<u>Acqui</u>		Only:		N/A		Nor	ı Elderiy	Units		To	tal Elder	ly & Nor	n Elderly l	Units
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
E.	Mobile	ehom	e Owr	ner / Re	sident:	N.	/A								
			iderty (			• • • • • • • • • • • • • • • • • • • •		Elderly	Units		To	tal Elder	rly & Noi	n Elderly	Units
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
F.	Mobil		e Pari	k Owner Units	r / Resid	dent:	N/ No	A n Elderly	y Units		To	otal Elde	rly & No	n Elderly	Units
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW			TOTAL	INELG.					INELG.

Prese		Iderly (					n Elderly	N/A Units		То	tal Elder	ly & Nor	n Elderly l	Units
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
		<u> </u>										L		
<u>Subsi</u>		ther th		cified o	ptions		: n Elderly	N/A Units		To	tal Elde	rly & No	n Elderly	Units
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG
Other		stance Elderly (	-	N/A		No	n Elderly	/ Units		To	otal Elde	rly & No	n Elderly	Units
VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG
														-
								-						
				ll <u>shaded</u>										See
TAL <u>U</u> N	<u>ITS</u> is	less the	an "Tota	l Project (	inits" sh	own on	HCD S	chedule l	D1, report	t the ren				
TAL <u>U</u> N	IITS is oprop nent H	less the	an "Tota form(s)	Project U listed b	<i>Inits" sh</i> elow tl lusiona	own on hat will ary Uni	HCD Solid be used ts:	chedule l	D1, report	t the rem	ing Pr	oject <u>l</u> ousing		<b>be re</b> r

Housing Project Name: Single Family Housing Rehab

Agency Name: Vista Community Development Comm.

A separate So	chedule HCD-D1 and Vista Community	all applicable Schedule Development Comm	s HCD-D2-D7 must be	completed for <u>each</u> Ho	ousing Project.
• • • • • • • • • • • • • • • • • • • •	ent Project Area Na	me, or "Outside":	Outside	**************************************	
•	ject Name:Ced	· <del></del>			
Project Addr		,			
<u>Street:</u> 245 Ced	lar Rd.	City	<u>v</u> : Vista	<b>Zip:</b> 9	2083
Owner Name	: <u>Cedar Road A</u>	SSOC.			
Total Project I # <u>40</u> Total Project I	Units: Bedrooms: #_110	Restricted Units: #40 Restricted Bedroo	#	restricted Units:  O restricted Bedrooms: #_	0
For projects wi	th no Agency assista	nce, do not complete a	ny more of HCD-D1 or a	ny of HCD-D2-D6. Only	complete HCD-D7.
Number of U Number of B Number of U (Note: This r Number of U (Note: A unit	pject a development Inits Not in Complia Bedrooms Not in Co Inits Restricted for number must not exc Inits Restricted That It may serve more that	t identified in Governance (income/ # of resemblance (income/ # Special Needs: eed "Total Project United are Serving One or	of residents in unit):  s")  More Special Needs: Needs" listed below, the	#0_ #0_ #12 - #12	S NO
# DISABI	LED (Mental) LED (Physical) WORKER (Migrant)	# FARMWORKER	R (Permanent) # OF HOUSHOLD # #	12 TRANSITIONAL HO ELDERLY EMERGENCY SHEL (allowable use only the control of the	TERS with "Other Housing
Use Restric	tion Dates (enter ap	propriate dates):			
	Replacement	Inclusionary	Housing Units	Other Housing	Units Provided
	Housing Units	Inside Project Area	Outside Project Area		Without LMIHF
Inception				6/30/93	
Termination	<u> </u>	L		6/30/48	
Funding So Redevelopm Federal Funds State Funds Other Local Private Fund Owner's Equ TCAC/Feder TCAC/State Total Development	nent Funds: ds : Funds: ds: uity: ral Award:	\$ 376,435 \$ 1,000,000 \$ 2346,005 \$50,868 \$ _846,793 \$ \$ \$ \$ \$ \$ \$ \$			
Check all a	ppropriate form(s)	listed below that will	be used to identify al	Project Units or Proj	ject Bedrooms:
Replacer (Sch HCI	ment Housing Units D-D2)		s: Area (Sch HCD-D3) ct Area (Sch HCD-D4)	Other Housing Unit:    With LMIHF (Sc   Without LMIHF (   Without any Age (Sch HCD-D7)	h HCD-D5) (Sch HCD-D6)

Agency	y: <u>.Vi</u> s	sta C	ommu	nity D	evelop	ment (	Commi	ssion							
Redeve	elopme	nt Pro	oject A	Area Na	me, <u>or</u> '	'Outsic	ie":	Outs	ide						
	=		_		ar Roa										
Check	only o		t Area		D	Outsi	<u>de</u> Proj	ect Ar	ea			•			
	only o				comple	te a se				h:					
	only o Rental	ne. I	f both	apply,	comple		parate er-Occi		for eac	h:					
Enter t	the nun	nber d	of unit	s for ea	ach app	licable	activi	ty belo	ow:						
A.	Elderly Units Non Elderly Units Total Elderly & Non Elderly Units														
	VLOW				INELG.	VLOW			TOTAL	INELG.					INELG.
			Ť			40								46	
_	<u> </u>					<b>.</b>	<u></u>			L	LL			(Sections of	
B.	Substa		<u>Rehal</u> derly U		n Units	: 14/		Elderly	Units		To	tal Elderi	v & Non	Elderly U	nits
	VLOW			TOTAL	INELG.	VLOW			TOTAL	INELG.					INELG.
			1								ГТ		1		
•	<u>-</u>			45 . 4 . 5	- 4: - 4: ***				└─── N/A					THE PROPERTY OF	
C.	Otner		iderly U		<u>ehabilit</u>	ation C		Elderly	•		To	tal Elderi	y & Non	Elderly U	nits
	VLOW			TOTAL	INELG.	VLOW			TOTAL	INELG.					INELG.
									- 1						
D.	Acqui	eition	Only	· N	/ A	<del></del>				·					
D.	Acqui		Iderly L		/A _		Nor	Eideriy	Units		To	tai Elderi	y & Non	Elderly L	Inits
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
E.	Mobile	ehom	e Owr	er / Re	sident:	N/A	Δ								
			iderly (			(1)		n Elderi	y Units		To	tal Elder	ly & Nor	Elderly l	Jnits
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
						L			<u> </u>						
F.	Mobile	<u>ehom</u>	e Parl	( Owne	r / Resid	dent:	N/A								
			lderly l					n Elderl	y Units		To	otal Elder	ly & No	n Elderly	Units
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.

Agency	Name:	Vis	sta Co	ommuni	ty Dev	elopm	ent C	Comm .	Hous	ing Proje	ct Name	: Ced	ar Ro	ad Apt	s
G.	<u>Prese</u>	rvatio	n (H&	S 33334	1.2(e)(11	), Ren	tal Onl	<u>ly)</u> :	N/	A					
		E	lderly U	Inits			Nor	Elderly	Units		To	tal Elder	ly & Nor	Elderly L	Inits
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
														<b>1988</b>	
Н.	Subsi	dv (ot	her th	an ene	cified o	ntions	here)	,							
• • •	Oubsi		iderly L		cineu o	ptions		n Elderly	N/ Units	Ά	To	tal Elde	rly & No	n Elderly	Units
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
i.	Other	Accid	tanca			<u> </u>		<u> </u>	M .	/A			<u> </u>		<u> </u>
1.	Outer		Iderly (	-			No	n Elderly	-	A	To	otal Elde	rly & No	n Elderly	Units
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
								T	1			T	Ī		
		······································	L		L					J L		1	J	1. 34 3 22 E MOTIMAL	·
									-						
					•										
TOT	al <u>un</u>	TTS (A	Add to	tals of a	ll <u>shadec</u>	l "Tota	l Elder	ly / Nor	ı Elderl	y Units"	):				
If TO	TAL <u>UN</u>	<u>ITS</u> is	less the	ın "Tota	Project (	Units" sl	iown or	HCD S	chedule	D1, repoi	rt the ren	nainder	as instr	ucted belo	w.
∐ Re	k all ap placen ch HCE	nent H	riate f lousing	orm(s) g Units		clusiona	ary Uni	its:		dentify		ther Ho	ousing	Units Pr	be reported: rovided: n HCD-D6)
						<u>Outsic</u>	<u>le</u> Proj	ect Are	a (Sch	HCD-D4	4) [		out <u>any</u> HCD-E		/ Assistance

### GENERAL PROJECT INFORMATION

					st be d	completed for <u>each</u> Ho	ousing Project.
	ista Community						
•	ent Project Area Na						
	ect Name: <u>Vista</u>	Hidden Valley	Apts.				
Project Addre	ess:						
<u>Street</u> : 777	Anns Way	-	City:	Vista		<u>Zip:</u> 	92083
Owner Name	: <u>Vista Hidden</u>	Valley Associ	ates				
Total Project L #50 Total Project E	Jnits: Bedrooms: #58	Restricted Un #_10 Restricted Be		s: # <u>12</u>	**	estricted Units: (0 estricted Bedrooms: #	46
For projects wit	th no Agency assista	nce, do not complet	e any n	nore of HCD-D1	or an	y of HCD-D2-D6. Only	complete HCD-D7.
Was this Pro Number of U	l year being reporte ject a development nits Not in Complia	identified in Gove ance (income/ # of	ernmer reside	nt Code Section	n 658	63.10(a)(2)? Y	
Number of B	edrooms Not in Co	mpliance (income	/# of r	esidents in un	it):	#0	
	nits Restricted for umber must not exc	•	Jnits")			# <u>50</u> -	
Number of U	nits Restricted Tha	it are Serving One	or Mo	re Special Nee	ds: #	\times Check,	if data not available
	may serve more tha lumber of Units Res				, there	efore the sum of all "S	pecial Needs" can
# DISABL	ED (Mental)	# FARMWOR	KER (P	ermanent)	#	_ TRANSITIONAL HO	USING
	ED (Physical)		EAD OF	HOUSHOLD		0 ELDERLY	
# FARMW	ORKER (Migrant)	# LARGE FAM (4 or more 8		ne)	#	EMERGENCY SHEL (allowable use <u>only</u> i	
		(4 01 11016 1	Jeuroon			Units Provided - With	I
Use Restricti	ion Dates (enter ap	propriate dates):					
	Replacement		ary Hou	using Units		Other Housing	Units Provided
	Housing Units	Inside Project Are	ea O	utside Project A	\rea	With LMIHF	Without LMIHF
Inception						7/1/95	
Termination						8/1/25	
Funding Sou Redevelopme Federal Fund State Funds: Other Local F Private Funds Owner's Equi TCAC/Federa TCAC/State	ent Funds: s Funds: s: sity: al Award: Award:	\$_890,00 \$\$ \$\$ \$_2,980, \$\$	000 000 000 	(Bond Financ	cing)		
•	pment/Purchase Co					Small and the Commercial Commerci	
				used to identify	y all F	Project Units <u>or</u> Proj	
☐ Replacem (Sch HCD	ent Housing Units -D2)	Inclusionary Un		a (Sch HCD-D3	3	Other Housing Units  With LMIHF (Sch	
(======================================	<b>-</b> 1			rea (Sch HCD-D	•	☐ Without LMIHF (	•
			-,		- *)	☐ Without any Age (Sch HCD-D7)	•

Agency	Dusing Project Name:Vista_Hidden_Valley    Inside Project Area														
Redeve	elopment	Pro	ject A	\rea Na	me, <u>or</u> '	"Outsid	le": _	0	utside						
Housin	g Projec	t Na	me: _	Vist	ta Hid	den Va	lley								
			t Area	į	K	) Outsid	<u>de</u> Pro	ject Ar	ea						
					•		-			h:					
		e. I	f both	apply,					for eac	h:					
Enter f	the numb	oer c	of unit	ts for ea	ach app	licable	activi	ty belo	ow:						
A.	New Co													eu-a-ti	
	VLOW LO	OW .	MOD		INELG.	VLOW	LOW	MOD	TOTAL	INELG.		LOW			
	10			10	40		l				10				40
В.	Substan				n Units	: N/ <i>F</i>	Non	Elderly	Units		То	tal Elder	ly & Nor	ı Elderly U	Inits
	VLOW LO	WC	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
C.	Other N				lehabili	tation (			•		To	tal Elder	rly & No:	n Elderly (	Jnits
	VLOW L	OW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
	edevelopment Project Area Name, or "Outside":														
D.	Acquisi			11	I/A	•	No	n Elderi	y Units		Te	otal Elde	rly & No	n Elderly	Units
	VLOW L	ow	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
E.	Check only one. If both apply, complete a separate form for each:   Agency Developed   Ti Non-Agency Developed   Ti Non-Ag														
	VLOW L				INELG.	VLOW				INELG.					
	development Project Area Name, or "Outside":														
_	<b>L</b>	J		اـــــا	I L	l L	L	J		J L	J L	ــــــــــــــــــــــــــــــــــــــ	J	英統領金統	! L
F.		E	lderly	Units			No		ly Units		τ	otal Elde	erly & No	on Elderly	Units
	VLOW L	.OW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	. INELG.	VLOV	V LOW	MOD	TOTAL	INELG.
										7	][	T	T		

Agency	Name: <u>Vis</u>	ta Com	muni	ty De	v. Co	nmiss	<u>i</u> on	Hous	ing Proje	ct Name	e:	Hidde	n Vall	ey
G.	Preservation	(H&S 3	3334.	2(e)(11	). Ren	tal On	lv):	N/	Α					
		derly Units		<u> </u>	7,		n Elderly		••	То	tal Elder	ty & Non	Elderly U	Inits
	VLOW LOW	MOD TO	TAL I	NELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
H.	Subsidy (oth	<u>ier than</u>	spec	ified o	ptions	here):	· N/	Α						
		derly Units					n Elderly						Elderly I	
	VLOW LOW	MOD TO	TAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
					L	<u> </u>	<u> </u>							
1.	Other Assist		٧	N/A										
		derly Units			<del></del>		n Elderly	·					Elderly	
	VLOW LOW	MOD TO	TAL 	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
			الــــا		L	<u> </u>	<u> </u>							
								-						
				•										
													10	_
TOT	AL <u>UNITS</u> (Ad	dd totals	of all	<u>shaded</u>	"Total	Elder	ly / Nor	Elderly	y Units")	):				
If TO	TAL <u>UNITS</u> is le	ess than "	Total P	roject U	nits" sh	own on	HCD S	chedule l	D1, repon	t the rem	ainder d	as instru	cted belo	w.
☐ Re	k <b>all appropri</b> placement Ho	ate form	n(s) li: nits	Inc	lusiona	ary Uni	ts:				ther Ho	using (	Jnits Pro	ovided:
(Sc	th HCD-D2)					-		(Sch H	•	. [			•	HCD-D6)
				Ц	<u>Outsid</u>	<u>e</u> Proje	ect Are	a (Sch I	HCD-D4	) [		out <u>any</u> HCD-D	•	Assistance

		<i>all applicable Schedule</i> evelopment Commis		be co	ompleted for <u>each</u> Hou 	using Project.
Redevelopme	ent Project Area Nar	ne, <u>or</u> "Outside":	Outside		·····	
Housing Proj	ect Name: Nett	eton Road				
Project Addre	ess:					
Street:		City	•		Zip:	
	60 Nettleton Rd		Vista		9208	33
Owner Name	: Community Ho	using of North Co	unty			
Total Project I	Units:	Restricted Units:			stricted Units:	
#28 Total Project I	Bedrooms: #78	#28_ Restricted Bedroo		# <u>0</u>	 stricted Bedrooms: #	0
		nce, do not complete an				
roi projects wi	ur no Agency assista	nce, do not complete al	ly more of mob-bit o	n ally	Of HOD-D2-D0. Offing to	complete 1100-07.
For the fisca	l vear being reporte	ed, was the Annual Mo	onitoring Report re	eceive	ed?: 🛛 YE	S NO
		i identified in Governr	• .			S 🖾 NO
	•	ance (income/ # of res			#_0	- 111
-	·	empliance (income/#	·	<b>+</b> \-	# 0	
		•	or residents in dim	<b>y</b> .	# 20	
	Inits Restricted for number must not exc	Special Needs: eed "Total Project Units	s")		#	
•		at are Serving One or	•	ds: #	X Check, if	data not available
		n one of the "Special N				
exceed the "l		tricted for Special Need			•	
	_ED (Mental)	# FARMWORKER	. (1 0111101117)	# 10		JSING
	LED (Physical)	#	OF HOUSHOLD	#	_ ELDERLY	
# FARM	WORKER (Migrant)	# 8 LARGE FAMILY (4 or more Bedr	3	#	EMERGENCY SHELL (allowable use only was a company)	
			,		Units Provided - With	-
Use Restric	tion Dates (enter ap	propriate dates):				
	Replacement	Inclusionary	Housing Units		Other Housing	Units Provided
	Housing Units	Inside Project Area	Outside Project A	rea	With LMIHF	Without LMIHF
Inception					6/30/93	
Termination		<u> </u>			6/30/48	<u> </u>
Funding So						•
Redevelopm Federal Fun		\$ <u>1,516,01</u> \$ <u>299,00</u>				
State Funds		\$ <u></u>	O			
Other Local		\$				
Private Fund		\$60,00				
Owner's Equation TCAC/Fede		\$10 \$2,735,70				
TCAC/State	Award:	\$0				
	opment/Purchase Co	·				
		listed below that will		y all I	Project Units <u>or</u> Proj	ect Bedrooms:
Replace	ment Housing Units D-D2)	Inclusionary Units  Inside Project	: Area (Sch HCD-D3	a	Other Housing Units    With LMIHF (Sci	
(2 30	<b>-</b>		ct Area (Sch HCD-E	•	☐ Without LMIHF (	· ·
				- ',	☐ Without any Age	•
					(SQP HCD-D2)	

Agenc	y: <u> </u>	ista	Commu	mity [	Develo	oment	Commi	ssion							
Redev	elopm	ent Pr	oject /	Area Na	me, <u>or</u>	"Outsi	de": _	0u	tside			<del></del>			
Housi	ng Pro	ject N	ame:	Nett	leton	Rd.		<del>,</del>							
Check	only o		t Area	à	[	X) <u>Outs</u>	<u>ide</u> Pro	ject Ar	ea						
	only o			apply,		ete a se				h:					
	only o		lf both	apply,		ete a so			for eac	h:					
Enter the number of units for each applicable activity below:															
A.	New C	onstr	uction	<u> Units:</u>	:				·						
	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				
В.	Subst	antial	Reha	bilitatio	n Units										
Ο.	·		ideriy U		on Onico	E N//	4 Non	Elderly	Units		Tot	al Elderi	y & Non	Elderly U	nits
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
C.	Other	Non-	Subst	antial R	ehahili	tation	Inite:	N/	Α.						
<b>O</b> .	3		iderly l		ionabiii	<u>auton</u>		Elderly			То	tal Elder	ty & Nor	n Elderly l	Inits
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
D.	Acan	isition	Only		Λ										
			iderly (	' '''	K.		Nor	n Elderly	Units		To	tal Elde	rty & No	n Elderly (	Units
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
E.	Mobi	lehom	e Owi	ner / Re	sident:	N / /									
			Elderly		<u></u> -	N/A		n Elderly	Units		To	tal Elde	rly & No	n Elderly	Units
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													T		
F.	Mohi	lehom	e Par	k Owne	r / Rosi	dent:	N	/A			· •				
•	MODI		Elderly		i / nesi	uent.		n Elderiy	/ Units		To	otal Elde	rly & No	n Elderly	Units
	VLOW	VLOW LOW MOD TOTAL INELG. VLOW LOW MOD TOTAL INELG. VLOW LOW MOD TOTAL INELG.													

Agency	Name:	Vi	sta (	Commun	ity Dev	v. Con	miss	<u>i</u> on	Housi	ng Proj	ect Na	ıme: _	Nettl	eton F	Rd.
G.	<u>Prese</u>		n (H&:		<u>l.2(e)(11</u>	), Rent		<u>γ)</u> : ι Elderly	N/A Units			Total E	derly & No	n Elderly	Units
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLC	W LO	MOD W		INELG.
						<u> </u>						<u> </u>			
H.	<u>Subsi</u>		ther th		cified o	ptions		N/. n Elderly				Total E	ideriy & No	on Elderly	Units
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLC	W LO	W MOD	TOTAL	INELG.
l.	<u>Other</u>		stance Iderly (	-	N/A		No	n Elderly	Units			Total E	iderly & No	on Elderly	Units
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG	. VL	W LO	W MOD	TOTAL	INELG.
													•		
									-						
тот	AL <u>UN</u>	ITS (A	Add to	tals of a	ll <u>shaded</u>	"Total	Elderl	y / Non	Elderly	Units'	'):				
If TO	TAL <u>U</u> N	ITS is	less tha	ın "Total	Project (	Inits" sh	own on	HCD S	chedule l	D1, repo	rt the	remaina	ler as instr	ucted bel	ow.
☐ Re	k <b>ali a</b> p placen th HCE	nent H	riate f lousing	orm(s) g Units	Inc	lusiona <u>Inside</u>	try Uni Projec	ts: t Area (	(Sch H	CD-D3)		Other	Housing	Units P	be reported rovided: h HCD-D6)
						Outsid	<u>e</u> Proje	ect Area	a (Sch 1	HCD-D	4)		thout <u>an</u> ch HCD-l	_	y Assistance

		<i>d all <mark>applicable Schedule</mark></i> evelopment Commiss		t be co	mpleted for <u>each</u> Ho	using Project.
		me, or "Outside":				
·	•	Corona Del Vista				
Project Add		to the per Tigen	- <u> </u>	<del></del>		
Street:	1501 Anza Ave.	<u>Cit</u> y	ر: Vista		<u>Zip:</u> 9208	34
Owner Name	e: <u>Corona De</u> l	Vista				
Total Project #_16 Total Project	n/a	Restricted Units: #n/a_mobile e_ho_Restricted Bedroo	homes oms: #_n/a	#_n/	tricted Units: a_mobile home tricted Bedrooms: #_	n/a
For projects w	ith no Agency assista	ince, do not complete ar	ny more of HCD-D1	or any	of HCD-D2-D6. Only o	complete HCD-D7.
Was this Pro Number of I Number of I Number of I (Note: This i Number of I (Note: A uni exceed the fi  # DISAB	Dject a development Jnits Not in Complia Bedrooms Not in Co Jnits Restricted for number must not exc Jnits Restricted That It may serve more that	t are Serving One or It one of the "Special National Nati	ment Code Section idents in unit): of residents in unit; of reside	n 6586 it): ds: #_	3.10(a)(2)?	data not available pecial Needs" can
	WORKEN (MIGRAIL)	(4 or more Bedre			(allowable use <u>only</u> w Units Provided - With	rith "Other Housing
Use Restric	tion Dates (enter ap	propriate dates):		<del></del>	<u> </u>	
	Replacement	Inclusionary I	Housing Units		Other Housing	Units Provided
	Housing Units	Inside Project Area	Outside Project A	rea	With LMIHF	Without LMIHF
Inception					12/1/93	· · · · · · · · · · · · · · · · · · ·
Termination Funding So	urces:				12/1/23	
	ds : Funds: ds: uity: ral Award: Award: opment/Purchase Co	***************************************				
		isted below that will b				
☐ Replacer (Sch HCl	ment Housing Units D-D2)		Area (Sch HCD-D3) t Area (Sch HCD-D	) 04)	Other Housing Units    With LMIHF (Sch   Without LMIHF (Sch   Without any Ager (Sch HCD-D7)	HCD-D5) Sch HCD-D6)

Agency	: <u>-Vi</u> s	ita C	ommu	nity D	evelop	ment	Commi	ssion							
Redeve	lopme	nt Pro	ject A	rea Na	me, <u>or</u> '	'Outsid	e":	0u	ıtside						
Housin	g Proje	ct Na	me: _	С	orona	Del V	ista								
Check	only or <u>Inside</u> F		t Area		D	() Outsid	<u>de</u> Proj	ect Are	a						
	only or Agency			apply,		te a se Non-A				):					
	only or <u>Rental</u>	ne. If	both	apply,		te a se			or each	n:					
Enter t	he num	nber c	of unit	s for ea	ich app	licable	activit	y belo	w: .						
<b>A</b> . į	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		
B.	Substa	ntial	Rehat	oilitatio	n Units	:	•								
	t .		derly U					Elderly I					·	Elderly U	
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
C.	Other I	Non-S	Substa	antial R	ehabilit	tation L	Inits:								
		E	lderly U	Inits			Non	Elderly	Units		To	tal Elderi	y & Non	Elderly U	nits
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD		INELG.
				· ]											
D.	<u>Acqui</u>		Only Iderly l				No	ı Elderiy	Units		To	otal Elderi	ly & Non	Elderly U	inits
	VLOW			TOTAL	INELG.	VLOW			TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
E.	Mobile			ner / Re	sident:										
			iderly I		<del></del>			n Elderly						Elderly l	Jnits INELG.
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	·		TOTAL	INELG.
	L		<u> </u>	L	L	J L	16	L	L	L	ـــال	16	i		
F.	Mobile		e Par	k Owne Units	r / Resi	ident:	No	n Elderly	Units		1	otal Elde	rly & No	n Elderly <sup>l</sup>	Units
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG	VLOV	V LOW	MOD	TOTAL	INELG.
											7	T			

Agency	Name:	<u>Vi</u>	sta (	Commun	ity De	v. Coi	mmiss	<u>i</u> on	Housi	ng Proje	ct Name	: Coro	ona De	el Vist	ia
G.	Prese		n (H& Iderly L		4.2(e)(1 <sup>·</sup>	I), Ren		<u>у)</u> : ı Elderiy	Units		To	tal Elderi	ly & Non	n Elderly U	nits
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	МОD	TOTAL	INELG.
H.	Subsi	dv (ot	her th	an sne	cified o	ntions	here):	•							
• ••	<u> </u>		iderly l		<u> </u>	pilolio		n Elderly	y Units		To	tal Eldei	rly & No	n Elderly l	Jnits
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
l.	Other	Δssic	tance	·											
••	<u> </u>		Iderly I	_			No	n Elderl	y Units		To	otal Elde	riy & No	n Elderly	Units
	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
														翻翻	
											-				
									-						
					-										
TOT	AL <u>UN</u>	NTS (	Add to	tals of a	ıll <u>shade</u>	<u>d</u> "Tota	al Elder	ly / No	n Elderi	y Units"	):				
If TO	TAL <u>Ul</u>	VITS is	less th	an "Tota	l Project	Units" s	hown or	HCD S	Schedule .	DI, repo	rt the ren	nainder	as instr	ucted belo	<del>-</del> ж.
Chec	k all a	pprop	riate		listed l	clusion	that wi ary Un Projec	II be u its: ct Area		dentify CD-D3)	remair O	ning Pr ther Ho Witho	roject <u>l</u> ousing out LM	<u>Units</u> to Units Pr IHF (Sch	be reporte
					L	1 <u>Onial</u>	<u>ue</u> (*10)	CU MIE	a (JUI	1100-04	*) L		Jul <u>any</u> HCD-r		Haalatai ive

A separate Schedule	HCD-D1 and a	all applicable Schedu	les HCD-D2-D7 mus	st be completed for <u>each</u> Hou	ısing Project.							
Agency: Vista Community Development Commission												
Redevelopment Pro	•											
Housing Project Na	me: <u>Estr</u>	ella De Oro Mob	ile Home Park									
Project Address:												
Street:		<u>Ci</u>		Zip:								
220 Ca	mino Corto		Vista	920	<u> </u>							
Owner Name:C	<u>aritas Affi</u>	liated #2										
Total Project Units:		Restricted Units	:	Unrestricted Units:								
#_107_ Total Project Bedroo	ms: # Unknow	# <u>22</u> n Restricted Bedro	ooms: # 33	#_ 85 Unrestricted Bedrooms: #_	Jnknown/Mabile							
				or any of HCD-D2-D6. Only								
Por projects with no A	gency assistan	ce, do not complete a	my more of fice-bi	of any of 1100-02-00. Only t	complete NCD-D7.							
For the fiscal year	beina reporte	d. was the Annual N	Monitoring Report	received?:	s ПNO							
Was this Project a	_ •		_ •									
Number of Units N	•			#_0								
Number of Bedroo	•		•									
Number of Units R			or residents in an	•								
(Note: This number		•	ts")	# <del>0</del>								
Number of Units R	estricted That	are Serving One or	r More Special Nee	eds: #0 Check, if	data not available							
(Note: A unit may sexceed the "Number	erve more than r of Units Resti	n one of the "Special ricted for Special Nee	Needs" listed below eds")	, therefore the sum of all "Sp	pecial Needs" can							
# DISABLED (Me	ental)	FARMWORKE	R (Permanent)	# TRANSITIONAL HOL	JSING							
# DISABLED (Ph	L		D OF HQUSHOLD	# ELDERLY								
# FARMWORKE	R (Migrant)	LARGE FAMIL		# EMERGENCY SHEL								
·		(4 or more Be	1100(11S)	(allowable use <u>only</u> w Units Provided - With	-							
Use Restriction Da	ites (enter app	propriate dates):										
	olacement		y Housing Units	Other Housing	Units Provided							
Hou	ısing Units	Inside Project Area	Outside Project	Area With LMIHF	Without LMIHF							
Inception					2/1/98							
Termination					2/1/28							
Funding Sources:												
Redevelopment Fu	nds:	\$	-									
Federal Funds State Funds:		\$	_									
Other Local Funds:		\$	-									
Private Funds:												
		\$ 4,085,000										
Owner's Equity: TCAC/Federal Awa	rd•	\$ 4,085,000 \$		Revenue Bonds)								
TCAC/Federal Awa TCAC/State Award		\$ \$ \$	_ (Mortgage -	Revenue Bonds)								
TCAC/Federal Awa		\$ \$ \$	_ (Mortgage -	Revenue Bonds)								
TCAC/Federal Awa TCAC/State Award Total Development	: /Purchase Cos	\$ \$ t: \$ 4,085,000	_ (Mortgage - D	Revenue Bonds) fy all Project Units <u>or</u> Proj	ect Bedrooms:							
TCAC/Federal Awa TCAC/State Award Total Development Check all appropr  Replacement He	: /Purchase Cos iate form(s) li	t: \$ 4,085,000 sted below that will Inclusionary Unit	_ (Mortgage - <u>D</u> I be used to identi Is:	fy all Project Units <u>or</u> Proj Other Housing Units	Provided:							
TCAC/Federal Awa TCAC/State Award Total Development Check all appropr	: /Purchase Cos iate form(s) li	t: \$ 4,085,000  sted below that will  Inclusionary Unit  Inside Project	- (Mortgage - <u>)</u> I be used to identi ls: t Area (Sch HCD-D:	fy all Project Units <u>or</u> Proje Other Housing Units  ☐ <u>With</u> LMIHF (Sch	Provided: HCD-D5)							
TCAC/Federal Awa TCAC/State Award Total Development Check all appropr  Replacement He	: /Purchase Cos iate form(s) li	t: \$ 4,085,000  sted below that will  Inclusionary Unit  Inside Project	_ (Mortgage - <u>D</u> I be used to identi Is:	fy all Project Units <u>or</u> Proje Other Housing Units 3) <u>With</u> LMIHF (Sch	Provided: HCD-D5) Sch HCD-D6)							

Agency: Vista Community Devel	opment Commission												
Redevelopment Project Area Name, or "Outside":													
Housing Project Name: Estrella De													
Check only one:		<del></del>											
	Outside Project Area	MRB											
Check only one. If both apply, comple  Agency Developed	te a separate form for each:  Non-Agency Developed												
Check only one. If both apply, comple [7] Rental	<b>-</b>												
Enter the number of units for each app	licable 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													
P. Substantial Debabilitation United													
B. <u>Substantial Rehabilitation Units</u> : 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 Rehabilit	ention Holtes												
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:	Now Philade Hote	Total Eldado & Nov Eldado Nata											
VLOW. LOW MOD AMOD TOTAL INELG	Non Elderly Units  VLOW LOW MOD AMOD TOTAL INELG	Total Elderly & Non Elderly Units  VLOW LOW MOD AMOD TOTAL INELG											
TEOM: 2017 MIGD ANIOD TOTAL MILECO	VEGN EGN MOD AMOD TOTAL MICEG												
E. <u>Mobilehome Owner / Resident</u> :													
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 / Resider	nt:												
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 VLOW LOW MOD AMOD TOTAL INELG												
	22 22 85	22 85											

G Pr	ecen/	ation (H&S	: २२२२४ २	'a\(11\ F	Rental (	Jaly).									
G. <u>11</u>	CSCIV	Elderly Un		<u>e)(11),1</u>	icitai (		on Elder	rly Ur	iits		Tot	al Elder	iy & Non	Elderly U	nits
VLOW.	LOW	MOD AMOE	TOTAL	INELG	VLOW	LOW I	MOD AM	OD	TOTAL	INELG	VLOW LOW	MOD	AMOD	TOTAL	INELG
						П						T	T		
ц п.		otion / Don		• (U o C o	2224.2	/b\.									
н. <u>Рг</u>	esei v	ation / Rer Elderly Un		ι (παο ε	3334.3		ion Elder	rly Ut	nits		Tot	al Eldei	rly & Nor	n Elderly L	Inits
VLOW.	LOW	MOD AMO	TOTAL	INELG	VLOW	LOW	MA DOM	MOD	TOTAL	INELG	VLOW LOW	/ MOD	AMOD	TOTAL	INELG
ı De	ntal E	Replaceme	nt (H2S 1	2224 2/	τναν.	•			•						
i. <u>Ne</u>	illai r	Elderly Un		<u> </u>	IVIVAI		ion Eide	rly U	nits		To	al Elde	rly & No	n Elderly l	Jnits
VLOW.	LOW	MOD AMO	TOTAL	INELG	VLOW	LOW	MOD AN	MOD	TOTAL	INELG	VLOW LOV	/ MOD	AMOD	TOTAL	INELG
						T									
1 8	heid	other the	an enecif	ied onti	one hor										<u> </u>
u. <u>Di</u>	ibsiuy	Elderly Un		ieu opti	ons nei		lon Elde	rly U	nits		То	tal Elde	riy & No	n Elderly 1	Units
VLOW.	LOW	MOD AMO	TOTAL	INELG	VLOW	LOW	MOD AM	MOD	TOTAL	INELG	VLOW LOV	V MOD	AMOD	TOTAL	INELG
	<b>1</b>											Ī	1		
K. 01	her A	ssistance:									· •				<del></del>
<u>o</u>	iller A	Elderly Un				1	Non Elde	erly U	nits		To	tal Elde	rly & No	n Elderly	Units
VLOW.	LOW	MOD AMO	TOTAL	INELG	VLOW	LOW	MOD A	MOD	TOTAL	INELG	VLOW LO	N MOE	AMOC	TOTAL	INELG
												T			
<u> </u>															
TOT	AL <u>U</u>	ITS (Add 1	totals of al	l <u>shaded</u>	"Total	Elderl	y / Non	Eld	erly Unit	s''):					
If TO	TAL <u>U</u>	<u>VITS</u> is less t	han "Total	Project U	nits" sho	own on	HCD Sc	hedu	de DI, rep	ort the r	emainder as i	istructe	d below		
☐ Re	k <b>all a</b> placer th HCl	nent Housi	form(s) ing Units	Inc	lusiona	ry Unit	s:		o identia HCD-D:	(	ining Proje Other Hous ☐ With LM	ing Un	its Pro	vided:	ted:
,		•				•	•		th HCD-	•	☐ Without	•		•	<b>c</b> e

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

(Sch HCD-D7)

### **GENERAL PROJECT INFORMATION**

•		i all applicable Schedu evelopment Commi		st be d	completed for <u>each</u> Ho 	using Project.
Redevelopm	ent Project Area Na	me, <u>or</u> "Outside": _	Outside			
Housing Pro	ject Name:	Shadowridge Apar	tments		20%	restricted
Project Addr	ess:					
Street:	ooktree Ln	<u>Ci</u>	<u>ty</u> : Vista		<u>Zip</u> :	2083_
Owner Name	e: LBK LP					
Total Project # <u>148</u> Total Project	Units; Bedrooms: # <u>240</u>	Restricted Units #30_ Restricted Bedro	: poms: #72	#_11	estricted Units: 8 estricted Bedrooms: #_	168
For projects w	ith no Agency assista	ance, do not complete	any more of HCD-D1	or any	of HCD-D2-D6. Only	complete HCD-D7.
Was this Pro	oject a developmen	ed, was the Annual I t identified in Govern ance (income/ # of re	nment Code Section			
Number of E	Bedrooms Not in Co	ompliance (income/ f	f of residents in un	it):	#0	
	Jnits Restricted for number must not exc	Special Needs: eed *Total Project Un	its")		# <u>0</u> -	
Number of U	Jnits Restricted Tha	at are Serving One o	r More Special Nee	eds: #	0 Check, if	data not available
(Note: A uni	t may serve more tha	_	Needs" listed below		efore the sum of all "Sp	pecial Needs" can
# DISAB	LED (Mental)	# FARMWORKE	R (Permanent)	#	TRANSITIONAL HOL	JSING
	LED (Physical)	# FEMALE HEA	D OF HOUSHOLD	#	ELDERLY	
# FARM	WORKER (Migrant)	# LARGE FAMIL		#	EMERGENCY SHEL	
		(4 or more Be	drooms)	Ì	(allowable use <u>only</u> w Units Provided - With	
Lies Destrie	tion Dates (anter an			٠	Offics 1 Tovided - Wild	iodi Livii ii iiiolioy)
Use Resurc	tion Dates (enter ap	<u> </u>	· Lleveine Lleite		Other Housing	Linite Provided
	Replacement Housing Units		y Housing Units			
Incontinu	1 lousing offics	Inside Project Area	Outside Project	Area	With LMIHF	Without LMIHF 10/1/98
Inception Termination						5/1/32
	<u> </u>	J				3/1/32
Funding Son Redevelopm Federal Funds State Funds Other Local Private Fund Owner's Equation TCAC/Fede TCAC/State Total Developments	nent Funds: ds : Funds: ds: uity: ral Award:	\$ \$ \$ \$ \$ \$ \$ st: \$ 8,640,00	- - - ( M	ortga	age Revenue Bonds	5)
	-		•	hi all I	Project Units <u>or</u> Proj	ect Radroome:
	ment Housing Units	Inclusionary Uni			Other Housing Units    With LMIHF (Sch	Provided:
	,	☐ <u>Outside</u> Proje	ect Area (Sch HCD-	D4)	Without LMIHF (     Without any Age     (Sch HCD-D7)	

Agency: Vista Community Develo	pment Commission										
Redevelopment Project Area Name, or "Outside":Outside											
Housing Project Name: Shadowridg	ge Apartments	MRB									
Check only one:  Inside Project Area	<sup>§</sup> <u>Outside</u> Project Area										
Check only one. If both apply, comple  Agency Developed	te a separate form for each:  Non-Agency Developed										
Check only one. If both apply, comple	te a separate form for each:  Owner-Occupied										
Enter the number of units for each app	licable activity below:										
A. <u>New Construction Units</u> : 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 HOD AMOD TOTAL INELG VLOW LOW MOD AMOD TOTAL INELG											
C. Other Non-Substantial Rehabilit	ation 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 / Residen	<u>t</u> :										
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									

G. Pro	eserva		(H&S 3		<u>e)(11), F</u>	Rental C		Elderly U	nite			Tota	l Fideri	v & Non	Elderly U	nite
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H. <u>Pr</u>	eserva		/ Repl		t (H&S 3	33334.3		n Elderly U	Inits			Tota	l Elder	ly & Nor	n Elderly L	inits
VLOW.	LOW	MOD	AMOD	TOTAL	INELG	VLOW	LOW MO	DO AMOD	TOTAL	INELG	VLOW	LOW	MOD	AMOD	TOTAL	INELG
l. <u>Re</u>	ntal F		cemen erly Unit		33334.3(	<u>(f)(1)(A)</u>		n Elderly l	<i>J</i> nits			Tota	al Elder	ly & No	n Elderly l	Jnits
VLOW. LOW MOD AMOD TOTAL INELG VLOW LOW MOD AMOD TOTAL INELG VLOW LOW MOD AMOD TOTAL INELG																
J. <u>St</u>	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 M	OD AMOD	TOTAL	INELG	VLOV	V LOW	MOD	AMOD	TOTAL	INELG
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К. <u>О</u>	ther A															
VLOW.	LOW		erly Unit	TOTAL	INELG	VLOW		n Elderly	Units TOTAL	INELG	VI 0V				on Elderly  TOTAL	INELG
1000	T	1	7	TOTAL	1	1	1	T AMOL		INCLG	1		0	7 AWIOL	) TOTAL	
L	<u> </u>	<u> </u>	. L	<u> </u>	I L	J L					l L		<u> </u>		AND REAL PROPERTY.	لـــــا ا
								·								
тот	AL <u>U</u>	<u>vits</u>	(Add to	otals of a	li <u>shaded</u>	<u>l</u> "Total	Elderly /	Non Ele	lerly Unit	s"):						
If TO	TAL <u>U</u>	NITS :	is less th	an "Tota	l Project l	Inits" sh	own on H	CD Sched	lule DI, rep	ort the re	mainde	r as in	structe	d below	·.	
Re		ment	Housir	form(s) ng Units		clusiona	ry Units:		to identii h HCD-D:	. (	ining F Other H With	lousi	ng Un	its Pro	vided:	ted:
						<u>Outside</u>	e Project	t Area (S	ich HCD-	D4)		_	any Ag D-D7)	gency i	Assistan	ce

Housing Project Name: Shadowridge Apts.

Agency Name: Vista Community Development Comm.

A separate Schedule HCD-D1 and all applicable Schedules HCD-D2-D7 must be completed for <u>each</u> Housing Project.  Agency: Vista Community Development Commission									
Redevelopment Project Area N									
•	pperwood Apts								
Project Address:									
Street: 2144 University Dr.	<u>City</u> : Vista	<u>Zip</u> : 92083							
Owner Name: BLT Partner	ship No 2								
Total Project Units: #240_ Total Project Bedrooms: #316	#_49	Unrestricted Units: #197 Unrestricted Bedrooms: #253							
For projects with no Agency assist	ance, 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?:     XYES   NO									
Use Restriction Dates (enter a	ppropriate dates):	· · · · · · · · · · · · · · · · · · ·							
Replacement	Inclusionary Housing Units	Other Housing Units Provided							
Housing Units	Inside Project Area Outside Project Are	a With LMIHF Without LMIHF							
Inception		5/1/95							
Termination	1	6/1/05							
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 a	ıll Project Units <u>or</u> 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)							

Agency: Vista Community Deve	lopment Commission	
Redevelopment Project Area Name, or '	'Outside":Outside	and the state of t
Housing Project Name: Pepperwoo	d Apartments	
Check only one:  Inside Project Area	Outside Project Area	
Check only one. If both apply, comple  Agency Developed	te a separate form for each:  Non-Agency Developed	
Check only one. If both apply, comple  [X] Rental	te a separate form for each:  Owner-Occupied	
Enter the number of units for each app	licable 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 Rehabilit	ation 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 / Residen		T.A. Fld. J. & Non Eldadu Halto
Elderly Units	Non Elderly Units	Total Elderly & Non Elderly Units
VICINI LONI MOD NUOD TOTAL INC.	WOW LOW MOD AMOD TOTAL MICEO	VI OW LOW MOD AMOD TOTAL INICIO
VLOW. LOW MOD AMOD TOTAL INELG	VLOW LOW MOD AMOD TOTAL INELG	VLOW LOW MOD AMOD TOTAL INELG

G. Pre	eserva				(e)	(11), F	Rental C													
			rly Units							iderly U									Elderly U	
VLOW.	LOW	MOD	AMOD	TOTAL	, C	NELG	VLOW	LOW	MOD	AMOD	TOTAL		INELG	VLC	)W L	.ow	MOD	AMOD	TOTAL	INELG
L		<b>.</b>					L	<u> </u>							$\perp$		<u> </u>	<u> </u>		
H. Preservation / Replacement (H&S 33334.3(h):  Elderly Units Non Elderly Units Total Elderly & Non Elderly Units										Inite										
VLOW.	LOW		AMOD			NELG						VI	VLOW LOW MOD AMOD TOTAL INELG							
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I. Re	ntal F	lepla	cemen	t (H&S	33	<u>334.3(</u>	f)(1)(A):	:												
		Elde	erly Unit	S					Non E	iderly U	Inits					Tota	il Elder	ly & No	n Elderly	Units
VLOW.	LOW	MOD	AMOD	TOTAL		NELG	VLOW	LOW	MOD	AMOD	TOTAL		INELG	VL	ow	LOW	MOD	AMOD	TOTAL	INELG
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J. <u>S</u> Ļ	ibsity		er unai erly Unit		116	u opu	ons nei	<u>е</u> ј.	Non E	Elderly (	Inits					Tota	al Elde	riv & No	on Elderly	Units
VLOW.	LOW			TOTAL		INELG	VLOW	LOW			TOTAL		INELG	VL	<del>OW</del>				TOTAL	INELG
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K. <u>O</u>	her A																			
			erly Unit							Elderly									on Elderly	
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														:						
			•																	
TOTAL <u>UNITS</u> (Add totals of all <u>shaded</u> "Total Elderly / Non Elderly Units"):																				
If TOTAL UNITS is less than "Total Project Units" shown on HCD Schedule DI, report the remainder as instructed below.																				
Check all appropriate form(s) listed below that will be used to identify remaining Project <u>Units</u> to be reported:  Replacement Housing Units Inclusionary Units: Other Housing Units Provided:																				
	piacei ch HC			ig Units				•		ea (Sch	h HCD-D	)3							oviaea: CD-D5)	
•		,	•					-		•	Sch HCD		•				•		Assistan	ce
									,,				- ',			_	D-D7)	, o, ioy		<del>-</del>

Housing Project Name: \_\_\_pepperwood

Agency Name: <u>Vista Community Development Comm</u>.

### **GENERAL PROJECT INFORMATION**

•		• •		e completed for <u>each</u> Ho	using Project.					
•	•	Development Commi								
•	•	ne, <u>or</u> "Outside":	Outside							
Housing Pro	ject Name: <u>Vista</u>	Hacienda Apts.								
Project Addr	ess:									
Street:	65 Pomelo Dr.	City	: Vista	<b>Zip:</b> 920	083					
Owner Name	: American As	sets Inc.								
Total Project #460_ Total Project	Units: Bedrooms: # <u>763</u>	Restricted Units: #92 Restricted Bedroo	#_	nrestricted Units: 368 nrestricted 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 fisca	al year being reporte	ed, was the Annual Mo	onitoring Report rece	eived?: XXYE	S NO					
Was this Pro	oject a development	identified in Governm	nent Code Section 6	5863.10(a)(2)? 🗌 YE	S NO					
Number of U	Jnits Not in Complia	nce (income/ # of res	idents in unit):	#0						
Number of E	Bedrooms Not in Co	mpliance (income/ # o	of residents in unit):	#0						
	Inits Restricted for number must not exc	Special Needs: eed *Total Project Units	7	# <u>     0                               </u>						
Number of I	Jnits Restricted Tha	t are Serving One or	More Special Needs:	#0	f data not available					
		n one of the "Special N tricted for Special Need		erefore the sum of all "S	pecial Needs" can					
<del></del>	LED (Mental)	# FARMWORKER	<del></del>	TRANSITIONAL HO	USING					
	LED (Physical)	4	OF HOUSHOLD #	ELDERLY						
# FARM	WORKER (Migrant)	# LARGE FAMILY		EMERGENCY SHEL	•					
		(4 or more Bedr	ooms)	(allowable use <u>only</u> v Units Provided - With						
Use Restric	tion Dates (enter ap	propriate dates):								
	Replacement		Housing Units	Other Housing	Units Provided					
	Housing Units	Inside Project Area	Outside Project Area	a With LMIHF	Without LMIHF					
Inception					4/16/92					
Termination					4/1/17					
Funding So	ources:									
Redevelopment Funds: \$										
Federal Funds \$										
State Funds: \$ Other Local Funds: \$										
Private Funds: \$ 19,160,000										
Owner's Equity: \$ (multi-family housing revenue Bonds) TCAC/Federal Award: \$										
TCAC/State Award: \$										
Total Devel	opment/Purchase Co	st: \$ 19,160,00	00							
Check all appropriate form(s) listed below that will be used to identify all Project Units or Project Bedrooms:										
	ment Housing Units	Inclusionary Units		Other Housing Unit						
(Sch HC	:D-D2)		Area (Sch HCD-D3)	☐ With LMIHF (So						
		U <u>Outside</u> Projec	xt Area (Sch HCD-D4)		· ·					
				☐ Without <u>any</u> Ago (Sch HCD-D7)						

Inside Project Area   XX Outside Project Area   MRB	Agency: Vista Community Develo	oment Commission	
Check only one:    Inside Project Area   IXX Outside Project Area	Redevelopment Project Area Name, or '	Outside":Outside	
Inside Project Area   TytOutside Project A	Housing Project Name: Vista Haci	enda Apts.	
Agency Developed   Tyk Non-Agency Developed   Tyk Non-Elderly Units   Total Elderly & Non-E	Check only one: ☐ Inside Project Area	<u>KOutside</u> Project Area	
Enter the number of units for each applicable activity below:  A. New Construction Units: Elderly Units  Non Elderly Units  VLOW. LOW MOD AMOD TOTAL INELG  VLOW LOW MOD AMOD TOTAL INELG  VL			MRB
A. New Construction Units: Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  Total Elderly & Non Elderly Units  Total Elderly & Non Elderly Units  Non Elderly Units  Non Elderly Units  VLOW. LOW MOD AMOD TOTAL INELG  Other Non-Substantial Rehabilitation Units: Elderly Units  Non Elderly Units  VLOW. LOW MOD AMOD TOTAL INELG  VLOW LOW MOD AMOD TOTAL INELG  Non Elderly Units  Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  Non Elderly Units  Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  Total Elderly & Non Elderly Units  Total Elderly & Non Elderly Units  Total Elderly & Non Elderly Units  Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units			
Fiderity Units	Enter the number of units for each app	licable activity below:	
Non Elderly Units    C. Other Non-Substantial Rehabilitation Units:   Elderly Units   Non Elderly Units   Non Elderly Units		Non Elderly Units	Total Elderly & Non Elderly Units
Elderly Units   Non Elderly Units   Total Elderly & Non Elderly	-	•	
Elderly Units   Non Elderly Units   Total Elderly & Non Elderly			
VLOW. LOW MOD AMOD TOTAL INELG VLOW	B. Substantial Rehabilitation Units:		
C. Other Non-Substantial Rehabilitation Units: Elderly Units	<u> </u>		<u> </u>
C. Other Non-Substantial Rehabilitation Units: Elderly Units  Non Elderly Units  Non Elderly Units  VLOW. LOW MOD AMOD TOTAL INELG  D. Acquisition Only: Elderly Units  Non Elderly Units  Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  Total Elderly & Non Elderly Units  VLOW. LOW MOD AMOD TOTAL INELG  Elderly Units  Non Elderly Units  Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  Total Elderly & Non Elderly Units  Fotal Elderly & Non Elderly Units  Total Elderly & Non Elderly Units	VLOW. LOW MOD AMOD TOTAL INELG	VLOW LOW MOD AMOD TOTAL INELG	
Process of Park Owner / Residents   Non Elderly Units   Non Elderly Units   Total Elderly & Non Elderly Units   Total Elderly & Non Elderly Units   Non Elderly Units   Total Elderly & Non Elderly Units   Non Elderly Units   Total Elderly & Non Elderly Units   Total Elderly & Non Elderly Units   Non Elderly Units   Total Elderly & Non Elderly Units   Non Elderly Units   Total Elderly & Non Elderly Units   Non Elderly Units   Total Elderly & Non Elderly Units   Non Elderly Units   Total Elderly & Non Elderly Units   Non Elderly Units   Total Elderly & Non Elderly Units   Total Elderly Units   Total Elderly & Non Elderly Units   Total			
VLOW. LOW MOD AMOD TOTAL INELG  D. Acquisition Only: Elderly Units  Non Elderly Units  VLOW LOW MOD AMOD TOTAL INELG  Elderly Units  Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  Total Elderly & Non Elderly Units  Total Elderly & Non Elderly Units  VLOW. LOW MOD AMOD TOTAL INELG  Elderly Units  Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  F. Mobilehome Park Owner / Resident: Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  Total Elderly & Non Elderly Units  Total Elderly & Non Elderly Units	C. Other Non-Substantial Rehabilit	ation Units:	
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  Elderly Units  Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  Total Elderly & Non Elderly Units  VLOW. LOW MOD AMOD TOTAL INELG  F. Mobilehome Park Owner / Resident:  Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  Total Elderly & Non Elderly Units  Total Elderly & Non Elderly Units  F. Mobilehome Park Owner / Resident:  Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  Total Elderly & Non Elderly Units	Elderly Units	Non Elderly Units	Total Elderly & Non Elderly Units
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  Elderly Units  Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  Total Elderly & Non Elderly Units  Total Elderly & Non Elderly Units  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
Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  VLOW. LOW MOD AMOD TOTAL INELG  VLOW LOW MOD AMOD TOTAL INELG  Elderly Units  Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  F. Mobilehome Park Owner / Resident:  Elderly Units  Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  Total Elderly & Non Elderly Units  Total Elderly & Non Elderly Units			
Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  VLOW. LOW MOD AMOD TOTAL INELG  VLOW LOW MOD AMOD TOTAL INELG  Elderly Units  Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  F. Mobilehome Park Owner / Resident:  Elderly Units  Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  Total Elderly & Non Elderly Units  Total Elderly & Non Elderly Units	D. Acquisition Only:		
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  F. Mobilehome Park Owner / Resident:  Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  Total Elderly & Non Elderly Units		Non Elderly Units	Total Elderly & Non Elderly Units
F. Mobilehome Park Owner / Resident:  Elderly Units  Non Elderly Units  Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  VLOW LOW MOD AMOD TOTAL INELG  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  Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  VLOW LOW MOD AMOD TOTAL INELG  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	E. Mobilehome Owner / Resident:		
F. Mobilehome Park Owner / Resident:  Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units	•	<u> </u>	
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	
Elderly Units Non Elderly Units Total Elderly & Non Elderly Units			
		<del></del> -	Total Elderly & Non Elderly Units

Agency Name: Vista Community Deve	lopment Comm. Housing Project Nam	ne: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	(6(1)(A)·	
I. Rental Replacement (H&S 33334.3 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
		GESSERVANN
J. Subsidy (other than specified opt Elderly Units	<u>ions nere)</u> : Non Elderly Units	Total Elderly & Non Elderly Units
VLOW. LOW MOD AMOD TOTAL INELG	-	VLOW LOW MOD AMOD TOTAL INELG
	·	(32000000)
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
12011 2011 1100 741100 101112		VEST 25TV IIIOS /AIIOS 15T/AL III.
	J L 1_92l L L	

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

Inclusionary Units:

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

☐ Inside Project Area (Sch HCD-D3)

Outside Project Area (Sch HCD-D4)

☐ Replacement Housing Units

(Sch HCD-D2)

Other Housing Units Provided:

☐ With LMIHF (Sch HCD-D5)

(Sch HCD-D7)

☐ Without <u>any</u> Agency Assistance

		all applicable Schedul		st be completed for	each Housing Project.
		Development Comm			
Redevelopn	nent Project Area Na Tenan	<b>ime, <u>or</u> "Outside":</b> t Based Rental As	N/A sistance	<del></del>	
Project Add	ress:	0:4			7:m.
Street:	ity-wide	<u>Cit</u>	<b>Y:</b> Vista		Zip: 92083 & 92084
Owner Nam	e: <u>N/A</u>				
Total Project #_71 Total Project	Units: Bedrooms: # 142	Restricted Units: # <u>N/A-T</u> enant Restricted Bedro	Based Rental	Unrestricted Units #N/A Unrestricted Bedro	
For projects w	vith no Agency assist	ance, do not complete a	ny more of HCD-D1	or any of HCD-D2-D	6. Only complete HCD-D7.
,	•	ed, was the Annual M	- •		YES NO N/A
	, ,	t identified in Govern			☐ YES 🖺 NO
Number of I	Units Not in Compli	ance (income/ # of re	sidents in unit):	#0	
Number of I	Bedrooms Not in Co	ompliance (income/#	of residents in un	•	
	Units Restricted for number must not exc	Special Needs: eed "Total Project Unit	s")	# <u> </u>	
Number of I	Units Restricted The	nt are Serving One or	More Special Nee	eds: # <u>0</u> [] (	Check, if data not available
		nn one of the "Special Nectain tricted for Special Nectain		, therefore the sum	of all "Special Needs" can
	LED (Mental)	# FARMWORKER	R (Permanent)	# TRANSITIO	NAL HOUSING
-	LED (Physical)		OF HOUSHOLD	# ELDERLY	
# FARM	WORKER (Migrant)	# LARGE FAMILY (4 or more Bedr		<del></del>	CY SHELTERS se <u>only</u> with *Other Housing
		(4 of filole bedi	oonsy	t -	led - Without LMIHF" money)
Use Restric	tion Dates (enter ap	propriate dates):		N/	
	Replacement		Housing Units	T	lousing Units Provided
	Housing Units	Inside Project Area	Outside Project A	rea With LMI	HF Without LMIHF
Inception					
Termination	<u></u>				
Funding So					`
Redevelopm Federal Fun		\$			
State Funds		\$ <u> </u>			
Other Local	Funds:	\$			
Private Fund		\$			
Owner's Equation TCAC/Feder		· \$			
TCAC/State	Award:	\$			
Total Develo	opment/Purchase Cos	st: \$ 232.122			
		isted below that will t	pe used to identify	y all Project Units	<u>or</u> Project Bedrooms:
Replacer (Sch HCl	ment Housing Units D-D2)	Inclusionary Units:	: Area (Sch HCD-D3	Other Housin	ng Units Provided: HF (Sch HCD-D5)
,	•		t Area (Sch HCD-E		MIHF (Sch HCD-D6)
		<u> </u>			<u>Iny</u> Agency Assistance
				(Sch HC	

Agency: Vista Community Devel	opment Commission				
Redevelopment Project Area Name, or "	Outside": <u>City-Wide</u>				
Housing Project Name: Tenant Base	d Rental Assistance				
Check only one:  Inside Project Area	Outside Project Area				
Check only one. If both apply, complet  Agency Developed	e a separate form for each: Non-Agency Developed				
Check only one. If both apply, completed Rental	e a separate form for each:  Owner-Occupied	,			
Enter the number of units for each appl	icable activity below:				
A. New Construction Units:	N/A	Total Elderly & Non Elderly Units			
Elderly Units	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	N/A 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			
	N/A				
C. Other Non-Substantial Rehability Elderly Units	ation 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			
VEST. 25T MOS AMOS TOTAL MEEG	THE				
D. <u>Acquisition Only:</u> 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			
		Skepters			
E. <u>Mobilehome Owner / Resident</u> :	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:					
Elderly Units	Non Elderly Units N/A	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.

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 Non Elderly Units Total Elderly & Non Elderly Units  VLOW. LOW MOD AMOD TOTAL INELG VLOW LOW MOD AMOD TO	G. <u>Preservation (H&amp;S 33334.2(e)(11), I</u>		↑ N/A Total Elderly & Non Elderly Units
H. Preservation / Replacement (H&S 33334.3(h):  VLOW. LOW MOD AMOD TOTAL INELG  I. Rental Replacement (H&S 33334.3(f)(1)(A):  Elderly Units  Non Elderly Units  VLOW. LOW MOD AMOD TOTAL INELG  J. Subsidy (other than specified options here):  Elderly Units  Non Elderly Units  Rental Assistance  Total Elderly & Non Elderly Units  VLOW. LOW MOD AMOD TOTAL INELG  VLOW LOW MOD AMOD TOTAL INELG  VLOW LOW MOD AMOD TOTAL INELG  Non Elderly Units  Non Elde	·		
H. Preservation / Replacement (H&S 33334.3(h):  Elderly Units  Non Elderly Units  Rental Assistance  Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units	VLOW. LOW MOD AMOD TOTAL INELG	VLOW LOW MOD AMOD TOTAL INELG	
Elderly Units  Non Elderly Units  Rental Assistance  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  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  Non Elderly Units  Non Elderly Units  Rental Assistance Total Elderly & Non Elderly Units  VLOW. LOW MOD AMOD TOTAL INELG VLOW LOW MOD AMOD TOTAL INELG  Non Elderly Units  Total Elderly & Non Elderly Units  Total Elderly & Non Elderly Units			•
I. Rental Replacement (H&S 33334.3(f)(1)(A):  Elderly Units  Non Elderly Units  Rental Assistance  Elderly Units  Non Elderly Units	-	•	
I. Rental Replacement (H&S 33334.3(f)(1)(A):  Elderly Units  Non Elderly Units  Rental Assistance  Total Elderly & Non Elderly Units	VLOW. LOW MOD AMOD TOTAL INELG	VLOW LOW MOD AMOD TOTAL INELC	
Elderly Units  Non Elderly Units  Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  VLOW. LOW MOD AMOD TOTAL INELG  VLOW LOW MOD AMOD TOTAL INELG  INELG  Rental Assistance  Total Elderly & Non Elderly Units  VLOW. LOW MOD AMOD TOTAL INELG  VLOW LOW MOD AMOD TOTAL INELG  Non Elderly Units  Total Elderly & 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  Total Elderly & Non Elderly Units  Total Elderly & Non Elderly Units  Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units  Total Elderly & Non Elderly Units  Non Elderly Units	I. Rental Replacement (H&S 33334.3	<u>f)(1)(A)</u> :	N / A
J. Subsidy (other than specified options here):  Elderly Units  Non Elderly Units	Elderly Units	Non Elderly Units	Total Elderly & Non Elderly Units
J. Subsidy (other than specified options here):  Elderly Units  Non Elderly Units  Non Elderly Units  Non Elderly Units  Renta   Assistance Total Elderly & Non Elderly Units  VLOW. LOW MOD AMOD TOTAL INELG  VLOW LOW MOD AMOD TOTAL INELG  71  K. Other Assistance:  Elderly Units  Non Elderly Units  Non Elderly Units  Non Elderly Units	VLOW. LOW MOD AMOD TOTAL INELG	VLOW LOW MOD AMOD TOTAL INEL	G VLOW LOW MOD AMOD TOTAL INELG
VLOW. LOW MOD AMOD TOTAL INELG VLOW MOD AMOD TOTAL INELG VLOW MOD AMOD TOTAL INELG VLOW LOW MOD AMOD TOTAL INELG NOTAL INELG VLOW LOW MOD AMOD TOTAL INELG NOTAL I			
VLOW. LOW MOD AMOD TOTAL INELG VLOW MOD AMOD TOTAL INELG VLOW MOD AMOD TOTAL INELG VLOW LOW MOD AMOD TOTAL INELG NOTAL INELG VLOW LOW MOD AMOD TOTAL INELG NOTAL I	.l Subsidy (other than specified onti	ons here).	Pontal Accistance
K. Other Assistance:  Elderly Units  Non Elderly Units  71  Total Elderly & Non Elderly Units			
K. Other Assistance:  Elderly Units  Non Elderly Units  N/A  Total Elderly & Non Elderly Units	VLOW. LOW MOD AMOD TOTAL INELG	VLOW LOW MOD AMOD TOTAL INEL	G VLOW LOW MOD AMOD TOTAL INELG
K. Other Assistance:  Elderly Units  Non Elderly Units  N/A  Total Elderly & Non Elderly Units		71 71	71
Elderly Units  Non Elderly Units  Total Elderly & Non Elderly Units	V Other Assistance		71
VLOW. LOW MOD AMOD TOTAL INELG VLOW LOW MOD AMOD TOTAL INELG VLOW LOW MOD AMOD TOTAL INELG		Non Elderly Units	N/A Total Elderly & Non Elderly Units
	VLOW. LOW MOD AMOD TOTAL INELG	VLOW LOW MOD AMOD TOTAL INEL	G VLOW LOW MOD AMOD TOTAL INELG
			The state of the s
71			
TOTAL <u>UNITS</u> (Add totals of all <u>shaded</u> "Total Elderly / Non Elderly Units"):	TOTAL <u>UNITS</u> (Add totals of all <u>shaded</u>	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.	If TOTAL UNITS is less than "Total Project	Units" shown on HCD Schedule DI, 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:	Check all appropriate form(s) listed b	elow that will be used to identify rem	naining Project <u>Units</u> to be reported:
Replacement Housing Units Inclusionary Units: Other Housing Units Provided:	☐ Replacement Housing Units Inc	clusionary Units:	Other Housing Units Provided:
(Sch HCD-D2) Inside Project Area (Sch HCD-D3) With LMIHF (Sch HCD-D5)	`	•	,
Outside Project Area (Sch HCD-D4) Without any Agency Assistance	L	Outside Project Area (Sch HCD-D4)	(Sch HCD-D7)

Sch D6 (9/21/99)

A separate So	hedule HCD-D1 and	all applicable Schedule	s HCD-D2-D7 must be	completed for each Ho	using Project.
Agency:	Vista Communit	y Development Com	mission		•
•	•	me, <u>or</u> "Outside":			
Housing Pro	ject Name:Mob	ile HOme Rehabili	tation		
Project Addre	ess:				
Street:		City	:	<u>Zip</u> :	
<u>1600 E</u>	. Vista Way #62		Vista	920	084
Owner Name	·				
Total Project I	Units:	Restricted Units:	Un	restricted Units:	
#1	Bedrooms: #	#1 Postdated Redead	#_ ms: # Un	() restricted Bedrooms: #_	0
For projects wi	in no Agency assista	nce, do not complete an	y more of HCU-U1 or a	ny of HCD-D2-D6. Only	complete HCD-D7.
For the fisca	l year heing reports	ed, was the Annual Mo	nitoring Report rece	ived?:	S NO n/a
•	•	Identified in Government	• ,		
	• • •	ince (income/ # of res		#_0	.5 MIMO
	•	,	•		
Number of B	ledrooms Not in Co	mpliance (income/ # o	of residents in unit):	#0	
•	Inits Restricted for S number must not exce	Special Needs: eed 'Total Project Units	7	# <u> </u>	
Number of L	Inits Restricted Tha	t are Serving One or I	More Special Needs:	#0	f data not available
		n one of the "Special N tricted for Special Need		refore the sum of all "S	pecial Needs" can
	LED (Mental)	# FARMWORKER		TRANSITIONAL HO	USING
<del></del>	LED (Physical)		OF HOUSHOLD #	ELDERLY	
# FARM	NORKER (Migrant)	# LARGE FAMILY		EMERGENCY SHEL	
		(4 or more Bedn	ooms)	(allowable use <u>only</u> v Units Provided - Witl	<del>-</del>
Lisa Restric	tion Dates (enter ap	Incorriate dates):	<u> </u>	Offics Florided - Wild	NOC LIVILLE TROIREY/
OSC NESUIC	Replacement	/ <del></del>	Housing Units	Other Housing	Units Provided
	Housing Units	Inside Project Area	Outside Project Area		Without LMIHF
Inception	·	inside i Tojeca Area	Outside Floject Area	AAIIII CIVIII II	8/6/98
Termination					8/7/00
Funding So	urces:		<u> </u>		
Redevelopm		\$			
Federal Fun		\$ 10,000			
State Funds Other Local		<b>\$</b>			
Private Fund		\$			
Owner's Equ		· \$			
TCAC/Fede TCAC/State		\$ \$		•	
	opment/Purchase Co				
Check all a	ppropriate form(s)	listed below that will	be used to identify a	l Project Units or Pro	ject Bedrooms:
Replace	ment Housing Units	Inclusionary Units	<b>.</b>	Other Housing Unit	~
(Sch HC	D-D2)	Inside Project	Area (Sch HCD-D3)	☐ With LMIHF (Sc	
		Outside Project	d Area (Sch HCD-D4)	X Without LMIHF	•
	•			☐ Without <u>any</u> Ag (Sch HCD-D7)	

A separate So	chedule HCD-D1 and	all applicable Schedule	es HCD-D2-D7 must be	completed for <u>each</u> He	ousing Project.
Agency:	Vista_Communit	y Development Con	mission		•
Redevelopm	ent Project Area Na	me, <u>or</u> "Outside":	"Outside"		
<b>Housing Pro</b>	ject Name: Mot	ile Home Rehabil	itation		
Project Adda	ess:	• •			
Street:		City	<b>t</b> :	<u>Zip</u> :	00004
1501	Anza Ave. #1		Vista		92084
Owner Name	: Mary Hooker				
Total Project	Units:	Restricted Units:	Uni	estricted Units:	
#1_		#1	#	0	0
,	Bedrooms: #1	Restricted Bedroo		estricted Bedrooms: #	
For projects w	ith no Agency assista	nce, do not complete au	ny more of HCD-D1 or ar	ry of HCD-D2-D6. Only	complete HCD-D7.
					<b>————</b>
•	•	•	onitoring Report recei		
Was this Pro	oject a development	identified in Government	ment Code Section 65	863.10(a)(2)?	ES 🛛 NO
Number of U	Jnits Not in Complia	ince (income/ # of res	idents in unit):	#0	
Number of E	Bedrooms Not in Co	mpliance (income/#	of residents in unit):	#0	
Number of U	Juits Restricted for	Special Needs:		#0	
		eed "Total Project Units	5 <b>7</b>	_	
Number of U	<b>Inits Restricted Tha</b>	t are Serving One or	More Special Needs:	#0	if data not available
			leeds" listed below, thei	refore the sum of all "S	Special Needs" can
	Number of Units Res	tricted for Special Need			
	LED (Mental)	# FARMWORKER	· · ·	TRANSITIONAL HO	USING
	LED (Physical)		OF HOUSHOLD #	_ ELDERLY	TEDO
# FARM	WORKER (Migrant)	# LARGE FAMILY (4 or more Bedr	·	EMERGENCY SHE (allowable use only)	
		( · o · · · · · · · · · · · · · · · · ·		•	thout LMIHF" money)
Use Restric	tion Dates (enter ap	propriate dates):			
	Replacement	······································	Housing Units	Other Housing	Units Provided
	Housing Units	Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception					8/6/98
Termination					8/7/00
Funding So	urces:				
Redevelopm		\$			
Federal Fun	-	\$ <u>10,079</u>			
State Funds Other Local		<b>\$</b>			
Private Fund		\$			
Owner's Eq		\$			
TCAC/Fede		\$			
TCAC/State	: Award: opment/Purchase Co	\$ st: \$10_079			
	• •				
			be used to identify all		-
☐ Replace (Sch HC	ment Housing Units D-D2)	Inclusionary Units	: Area (Sch HCD-D3)	Other Housing Unit	
(Juni 10	,		•		
		Christing Links	d Area (Sch HCD-D4)	Without LMIHF	•
	•			☐ Without <u>any</u> Ag (Sch HCD-D7)	

A separate Se	chedule HCD-D1 and	l all applicable Schedule	s HCD-D2-D7 must be o	completed for <u>each</u> Ho	ousing Project.
Agency:	Vista Communit	y Development Com	mission		•
•	•	me, <u>or</u> "Outside":		The state of the s	
Housing Pro	ject Name:Mol	oile Hôme Rehabili	tation		
Project Add	ess:				
Street:		City	:	<u>Zip:</u>	
<u>1506 0</u>	ak Dr. #88		Vista		2084
Owner Name	: <u>lucille Pr</u>	ies			
Total Project	Units:	Restricted Units:	Unr	estricted Units:	
#1_	Dadwa a	#1_	#	<u> </u>	0
	Bedrooms: #2				
For projects w	ith no Agency assista	nce, do not complete an	y more of HCD-D1 or an	y of HCD-D2-D6. Only	complete HCD-D7.
			-itaria - Danast saasi	10d2. 🗆 🗆 VI	ES NO n/a
	•	·	onitoring Report receiv		
	•	•	nent Code Section 658		ES 🖾 NO
Number of U	Jnits Not in Compli	ance (income/ # of res	idents in unit):	#0	
Number of I	Bedrooms Not in Co	ompliance (income/# o	of residents in unit):	#0	
•	Jnits Restricted for number must not exc	Special Needs: eed "Total Project Units	7	# <u>0</u>	
Number of l	Jnits Restricted The	at are Serving One or I	More Special Needs:	0 Check,	if data not available
(Note: A uni	t may serve more tha		eeds" listed below, then		
<u></u>	LED (Mental)	# FARMWORKER		TRANSITIONAL HO	USING
	LED (Physical)		OF HOUSHOLD #	ELDERLY	
# FARM	WORKER (Migrant)	# LARGE FAMILY		_ EMERGENCY SHE	
		(4 or more Bedn	ooms)	(allowable use <u>only</u> ) Units Provided - Wit	_
Liee Restric	tion Dates (enter ap	I		Olus Florided - Wil	HOULEMILLE HOREY)
Ose nesure	Replacement	Y	Housing Units	Other Housing	Units Provided
	Housing Units	Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception		iliside Piojeci Alea	Outside Project Area	AAIRI CIAIRI	
Termination					8/5/98 8/6/03
Funding So	urces:				
Redevelopm		\$			
Federal Fun	do				
		\$ <u>17,379</u>			
State Funds	•	\$ _1/,3/9 \$			
State Funds Other Local Private Fund	: Funds:	\$ \$ \$ \$			
Other Local Private Fund Owner's Eq	: Funds: ds: uity:	\$\$ \$ \$ \$			
Other Local Private Fundowner's Eq TCAC/Fede	: Funds: ds: uity: ral Award:	\$ \$ \$ \$ \$			
Other Local Private Fund Owner's Equ TCAC/Fede TCAC/State	: Funds: ds: uity: ral Award:	\$ \$ \$ \$ \$			
Other Local Private Fund Owner's Equation TCAC/Fede TCAC/State Total Development	: Funds: ds: uity: ral Award: Award: opment/Purchase Co	\$ \$ \$ st: \$ pst: \$	be used to identify all	Project Units <u>or</u> Pro	ject Bedrooms:
Other Local Private Fund Owner's Equation TCAC/Fede TCAC/State Total Development Check all a	: Funds: ds: ds: uity: ral Award: Award: ppment/Purchase Co ppropriate form(s) ment Housing Units	\$ \$ \$ st: \$ <u>17.379</u> listed below that will to the state of the	•	Project Units <u>or</u> Pro Other Housing Unit	
Other Local Private Fund Owner's Equ TCAC/Fede TCAC/State Total Development	: Funds: ds: ds: uity: ral Award: Award: ppment/Purchase Co ppropriate form(s) ment Housing Units	\$ \$ \$ st: \$ <u>17.379</u> listed below that will to the state of the			s Provided:
Other Local Private Fund Owner's Equation TCAC/Fede TCAC/State Total Development Check all a	: Funds: ds: ds: uity: ral Award: Award: ppment/Purchase Co ppropriate form(s) ment Housing Units	\$s \$s st: \$s listed below that will the local side project to the local side pr	•	Other Housing Unit	s Provided: th HCD-D5) (Sch HCD-D6)

A separate So	chedule HCD-D1 and	all applicable Schedule	s HCD-D2-D7 must be	completed for <u>each</u> Ho	using Project.
Agency:	Vista_Communit	y Development Com	mission		•
Redevelopm	ent Project Area Na	me, <u>or</u> "Outside":	"Outside"		
Housing Pro	ject Name:Mot	oile Home Rehabili	tation	<del></del>	
Project Adda	ress:				
<u>Street:</u> 1600 E.	Vista Way #74	<u>City</u>	: Vista	<u>Zip</u> :	92084
Owner Name	e:Robert Conl	on	·		
Total Project	Units:	Restricted Units:	Unr	estricted Units:	
#1	Bedrooms: #2	#1	#	<u>    0                                </u>	0
For projects w	ith no Agency assista	nce, do not complete an	y more of HCD-D1 or an	y of HCD-D2-D6. Only	complete HCD-D7.
Farth à fina		od was Abs Assuel Ma	-it-day Depart resair	ved?:	S NO n/a
-	•		onitoring Report receiv		_
	•	•	nent Code Section 658		22 M MO
	-	ince (income/ # of res	•	#0	
Number of E	Bedrooms Not in Co	mpliance (income/# c	of residents in unit):	#0	
•	Jnits Restricted for number must not exc	Special Needs: eed "Total Project Units	<b>7</b>	#0	
Number of U	Units Restricted Tha	it are Serving One or I	More Special Needs:	$= 0 \square$ Check, i	f data not available
		n one of the "Special N tricted for Special Need	eeds" listed below, then 's")	efore the sum of all "S	pecial Needs" can
# DISAB	LED (Mental)	# FARMWORKER	(Permanent) #	TRANSITIONAL HO	USING
	LED (Physical)	# FEMALE HEAD	OF HOUSHOLD #	ELDERLY	
# FARM	WORKER (Migrant)	# LARGE FAMILY	·	EMERGENCY SHEL (allowable use <u>only</u> w	
		(4 or more Bedn	ooms)	Units Provided - With	•
Use Restric	tion Dates (enter ap	propriate dates):			
	Replacement	<u>^</u>	Housing Units	Other Housing	Units Provided
	Housing Units	Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception	· · · · · · · · · · · · · · · · · · ·		000000000000000000000000000000000000000	·	8/11/98
Termination					8/12/00
Funding So	ources:				
Redevelopm		\$			
Federal Fun State Funds		\$ 9816			
Other Local		\$ \$			
Private Fund	ds:	\$			
Owner's Equ		. \$			
TCAC/Fede TCAC/State		\$			
	opment/Purchase Co	st: \$ 9816			
•	• • •	isted below that will b	e used to identify all	Project Units <u>or</u> Proj	ect Bedrooms:
☐ Replacer (Sch HC	ment Housing Units D-D2)	Inclusionary Units:	: Area (Sch HCD-D3)	Other Housing Units  With LMIHF (Sch	
		Outside Projec	t Area (Sch HCD-D4)	X Without LMIHF	(Sch HCD-D6)
				☐ Without <u>any</u> Age (Sch HCD-D7)	ency Assistance

A separate So	chedule HCD-D1 and	all applicable Schedule	s HCD-D2-D7 must	be completed for <u>each</u> Ho	using Project.
Agency:	_Vista_Communit	y Development Com	mission		•
Redevelopme	ent Project Area Na	me, <u>or</u> "Outside":	"Outside"		
<b>Housing Pro</b>	ject Name:Mot	oile Hôme Rehabili	tation		
Project Addr	ess:	•			
Street:		City	;	<u>Zip:</u>	
400 N	Melrose #57		Vista	9:	2083
Owner Name	e: <u>Patricia I</u>	nigues			
Total Project	Units:	Restricted Units:	ŧ	Unrestricted Units:	
#1_	Bedrooms: #3	#1 Postdated Poduce	•	#0 Unrestricted Bedrooms: #_	0
For projects w	ith no Agency assista	ince, do not complete an	y more of HCD-D1 or	rany of HCD-D2-D6. Only	complete HCD-D7.
Coutha fina	Lygov boing round	ad was the Assuel He		ceived?:	ES NO n/a
•		ed, was the Annual Mo		_	
	•	t identified in Governm		• • • •	ES ⊠NO
Number of L	Juits Not in Complia	ance (income/ # of res	idents in unit):	#_0_	
Number of E	Bedrooms Not in Co	ompliance (income/# c	of residents in unit	): # <u>0</u>	
	Inits Restricted for number must not exc	Special Needs: eed Total Project Units	T	# <u>     0                               </u>	
Number of U	Juits Restricted The	at are Serving One or I	More Special Need:	s: #0 Check, i	if data not available
(Note: A uni	t may serve more tha	_	eeds" listed below, t	therefore the sum of all "S	•
C::	LED (Mental)	# FARMWORKER		TRANSITIONAL HO	USING
	LED (Physical)	T.,	(1, outminest)	ELDERLY	3011.0
	NORKER (Migrant)	# LARGE FAMILY		EMERGENCY SHEL	
		(4 or more Bedn	ooms)	(allowable use only v	- 1
Man Daniel		L		Units Provided - Wit	поис Сміні- топеу)
Use Resurc	tion Dates (enter ap	<u> </u>	11	Other Housing	Lieta Davidad
	Replacement Housing Units	<u> </u>	Housing Units		Units Provided
Inception	riousing oracs	Inside Project Area	Outside Project Ar	ea With LMIHF	Without LMIHF
Termination				_	9/11/98 9/12/00
Funding So	urcec:		L		3/12/00
Redevelopm		\$			
Federal Fun		\$ <u>8593</u>			
State Funds		\$			
Other Local Private Fund		\$ \$			
Owner's Equ		. \$			
TCAC/Fede TCAC/State		\$			
	pment/Purchase Co	\$ st: \$8593			
	•	· <del></del>	be used to identify	all Project Units or Pro	ject Bedrooms:
	ment Housing Units	Inclusionary Units		Other Housing Unit	
(Sch HC	U-UZ)		Area (Sch HCD-D3)		
			t Area (Sch HCD-D		•
	•			☐ Without <u>any</u> Age (Sch HCD-D7)	

•		d all applicable Schedule		st be c	ompleted for <u>each</u> Ho	using Project.
		ty Development Com				
•		ime, <u>or</u> "Outside":				
•		bile Hôme Rehabili	tation			
Project Addr	ess:				•	
Street:		<u>City</u>	•		<u>Zip:</u>	ທາ
	Bobier #86		Vista		920	183
Owner Name	e: <u>Vincent Maio</u>	Irano				
Total Project	Units:	Restricted Units:		Unre	stricted Units:	
#Total Project	Bedrooms: #2	#!_ Restricted Bedroo	ms: # <u>2</u>	# Unre:	U_stricted Bedrooms: #_	0
For projects w	ith no Agency assist	ance, do not complete an	y more of HCD-D1	or any	of HCD-D2-D6. Only	complete HCD-D7.
For the fisca	al year being report	ted, was the Annual Mo	onitoring Report	receiv	ed?:	S NO n/a
Was this Pro	oject a developmer	nt identified in Governm	nent Code Sectio	n 6586	63.10(a)(2)? 🔲 YE	ES 🛛 NO
Number of L	Jnits Not in Compli	ance (income/# of res	idents in unit):		#0	
Number of E	Bedrooms Not in C	ompliance (income/#	of residents in un	it):	#0	
	Inits Restricted for	Special Needs: ceed Total Project Units	· <b>~</b>		#0	
•		at are Serving One or	•	ode. #	_ 0 ∏ Check i	f data not available
(Note: A uni	t may serve more th	an one of the "Special N	leeds" listed below			•
r:		stricted for Special Need		1#		
	LED (Mental)	FARMWORKER	•	#	TRANSITIONAL HO	USING
.5.0.0	LED (Physical) WORKER (Migrant)	# LARGE FAMILY	OF HOUSHOLD	#	_ ELDERLY EMERGENCY SHEL	TERS
	rrock activities of the second	(4 or more Bedr			(allowable use only )	
	<u> </u>				Units Provided - Wit	hout LMIHF" money)
Use Restric	tion Dates (enter a	ppropriate dates):				
	Replacement	Inclusionary Housing Units			Other Housing	Units Provided
	Housing Units	Inside Project Area	Outside Project	Area	With LMIHF	Without LMIHF
Inception					·	12/10/98
Termination	<u> </u>	<u> </u>	<u></u>			12/11/00
Funding So	ources:					
Redevelopm		\$ \$_9294				
Federal Fun State Funds		\$ <u>9294</u>				
Other Local		\$				
Private Fun		\$				
Owner's Eq TCAC/Fede		\$				
TCAC/State		\$ \$				
Total Devel	opment/Purchase C	ost: \$ 9294				
		listed below that will	be used to identi	ify all I	Project Units <u>or</u> Pro	ject Bedrooms:
	ment Housing Units			.a.	Other Housing Unit	
(Sch HC	W-UZ)		Area (Sch HCD-D	•	With LMIHF (So	
		U <u>Outside</u> Projec	ct Area (Sch HCD-	-D4)	Without LMIHF	•
	•				☐ Without any Age (Sch HCD-D7)	ency Assistance

-		all applicable Schedule		st be c	completed for <u>each</u> Ho	ousing Project.
		y Development Con				
•	~	me, <u>or</u> "Outside":			<del></del>	
Housing Proj	ect Name: Mob	oile HOme Rehabil	itation			
Project Addre	ess:					
Street:	+ D.: #20	City			<u>Zip:</u> 920	102
	set Dr. #29		Vista		320	763
Owner Name	: <u>Dorothy Bon</u>	ifacius				
Total Project I	Jnits:	Restricted Units: # 1		Unre #	stricted Units:	
Total Project I	Bedrooms: #2_		oms: #2	Unre	stricted Bedrooms: #_	0
For projects wi	th no Agency assista	nce, do not complete a	ny more of HCD-D1	or any	of HCD-D2-D6. Only	complete HCD-D7.
For the fisca	l year being report	ed, was the Annual M	onitoring Report r	receiv	ed?:	S NO n/a
Was this Pro	ject a development	t Identified In Govern	ment Code Section	n 658	63.10(a)(2)? 🔲 YE	ES 🛛 NO
Number of U	nits Not in Compli	ance (income/ # of res	sidents in unit):		#0	
Number of B	sedrooms Not in Co	empliance (income/#	of residents in un	it):	#0	
•	Inits Restricted for	•	-M		#0	
•	,	eed 'Total Project Unit at are Serving One or	•	eds: #	_ □ 0 □ Check.i	if data not available
(Note: A unit	t may serve more tha	nn one of the "Special N	Needs" listed below,		· .	•
		tricted for Special Need		#		
	LED (Mental) LED (Physical)	- Munitoruci	R (Permanent) OF HOUSHOLD	#	_ TRANSITIONAL HO ELDERLY	USING
.5.5.	WORKER (Migrant)	# LARGE FAMILY		#	EMERGENCY SHE	LTERS
		(4 or more Bedi			(allowable use only	-
L	<u> </u>	<u> </u>		1	Units Provided - Wil	thout LMIHF" money)
Use Restric	tion Dates (enter ap	T .				
•	Replacement	Inclusionary	Housing Units		Other Housing	Units Provided
	Housing Units	Inside Project Area	Outside Project /	Area	With LMIHF	Without LMIHF
Inception			<b>_</b>			2/11/99 2/12/01
Termination	<u> </u>	<u> </u>				2/12/01
Funding So Redevelopm		\$				
Federal Fun		\$ <u>9695</u>				
State Funds		\$				
Other Local Private Fund		\$ \$				
Owner's Equ	uity:	. \$				
TCAC/Fede TCAC/State		<b>\$</b>				
	pment/Purchase Co	\$ ost: \$ <u>9695</u>				
	•	listed below that will	be used to identif	fy all i	Project Units <u>or</u> Pro	ject Bedrooms:
	ment Housing Units	Inclusionary Units		01	Other Housing Unit	
(Sch HC	U-UZ)		Area (Sch HCD-D:	-	With LMIHF (So	•
		∐ <u>Outside</u> Proje	ct Area (Sch HCD-	Đ4)	Without LMIHF	•
	•				(Sch HCD-D7)	ency Assistance

A separate Schedule HCD-D1 an	•		completed for <u>each</u> Ho	ousing Project.
Agency: <u>Vista Communi</u>	•			•
Redevelopment Project Area N	· · · · · · · · · · · · · · · · · · ·			
Housing Project Name:Mo	bile Home Rehabil	itation		
Project Address:	<i>,</i> .			
<u>Street:</u> 1506 Oak Dr. #42	<u>Cit</u>	Y: Vista	<b><u>Zip:</u></b> 920	84
Owner Name:Charles Ja	ckson	· Marco Paraco Aggregato de Caraco de Malada (1888)		
Total Project Units:	Restricted Units:	Unr	estricted Units:	
#1 Total Project Bedrooms: #2	#1_ Restricted Bedroo	# 	0 estricted Bedrooms: #	0
For projects with no Agency assis	tance, do not complete a	ny more of HCD-D1 or an	y of HCD-D2-D6. Only	complete HCD-D7.
For the fiscal year being report Was this Project a development Number of Units Not in Complete Number of Bedrooms Not in Complete Number of Units Restricted for	nt identified in Govern iance (income/ # of res ompliance (income/ # Special Needs:	ment Code Section 658 sidents in unit): of residents in unit):		
(Note: This number must not ex	•	•		
Number of Units Restricted The (Note: A unit may serve more the exceed the "Number of Units Re	an one of the "Special N	leeds" listed below, ther		
# DISABLED (Mental) # DISABLED (Physical) # FARMWORKER (Migrant)	# FARMWORKEF # FEMALE HEAD # LARGE FAMILY (4 or more Bedr	OF HOUSHOLD #	TRANSITIONAL HONE ELDERLY EMERGENCY SHEL (allowable use only was provided - With	TERS rith "Other Housing
Use Restriction Dates (enter a	ppropriate dates):			
Replacement	Inclusionary	Housing Units	Other Housing	Units Provided
Housing Units	Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception			·	3/4/99
Termination				3/5/01
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 Contects all appropriate form(s)		be used to identify all	Project Units or Proje	ect Bedrooms:
☐ Replacement Housing Units	Inclusionary Units			
(Sch HCD-D2)		Area (Sch HCD-D3)	Other Housing Units    With LMIHF (Sch	
		t Area (Sch HCD-D4)	Without LMIHF (   Without any Age (Sch HCD-D7)	Sch HCD-D6)

A separate So	chedule HCD-D1 and	l all applicable Schedule	s HCD-D2-D7 must be	completed for <u>each</u> Ho	using Project.
Agency:	Vista Communit	y Development Com	mission		•
Redevelopme	ent Project Area Na	me, <u>or</u> "Outside":	"Outside"		
Housing Pro	ject Name:Mot	oile HOme Rehabili	itation		
Project Addr	ess:				
Street:		City	<b>ζ</b> :	Zip:	
1010 E.	. Bobier Dr. #51		Vista	920	084
Owner Name	: <u>Jewel Kohler</u>	<u> </u>			
Total Project I	Units:	Restricted Units:	Unn	estricted Units:	
#1_		#1	#	0	
	Bedrooms: #2	-		estricted Bedrooms: #_	0
For projects wi	th no Agency assista	ince, do not complete ar	ny more of HCD-D1 or an	y of HCD-D2-D6. Only	complete HCD-D7.
•		-	onitoring Report recei		- 11, 5
Was this Pro	ject a development	t identified in Governi	ment Code Section 658	363.10(a)(2)?	S 🛛 NO
Number of U	inits Not in Complia	ance (income/ # of res	idents in unit):	#0	
Number of B	edrooms Not in Co	empliance (income/#	of residents in unit):	#0	
Number of U	Inits Restricted for	Special Needs:		#0	
(Note: This r	number must not exc	eed "Total Project Units	; <b>"</b> )	·	
Number of U	Inits Restricted The	nt are Serving One or I	More Special Needs:	<u>  0                                   </u>	f data not available
		nn one of the "Special N tricted for Special Need	leeds" listed below, then Is")	efore the sum of all "S	pecial Needs" can
	LED (Mental)	# FARMWORKER	<del></del>	TRANSITIONAL HO	USING
	LED (Physical)		OF HOUSHOLD #	ELDERLY	J
# FARMV	WORKER (Migrant)	# LARGE FAMILY		EMERGENCY SHEL	TERS
		(4 or more Bedr	ooms)	(allowable use only w	
<u> </u>				Units Provided - With	nout LMIHF" money)
Use Restrict	tion Dates (enter ap	<u> </u>			
	Replacement Housing Units	<u> </u>	Housing Units	Other Housing	
1	riousing Units	Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception Termination					3/4/99 3/5/01
<b></b>	L	<u> </u>	L		3/3/01
Funding So Redevelopm		<b>c</b> r			
Federal Fund		<b>\$</b> <b>\$</b> 8066			
State Funds:	•	\$			
Other Local		\$			
Private Fund Owner's Equ		\$ \$			
TCAC/Feder		\$			
TCAC/State		\$			
Total Develo	pment/Purchase Co	st: \$ 8066			
		listed below that will I	be used to identify all	Project Units <u>or</u> Proj	ect Bedrooms:
	ment Housing Units	Inclusionary Units		Other Housing Units	
(Sch HCI	J-U2)		Area (Sch HCD-D3)	☐ With LMIHF (Sch	•
		<u>Outside</u> Project	t Area (Sch HCD-D4)	Without LMIHF (	
				☐ Without <u>any</u> Age (Sch HCD-D7)	ency Assistance

•			s HCD-D2-D7 must be o	completed for <u>each</u> Ho	Dusing Project.
		ty_Development_Com ime, <u>or</u> "Outside":			
_	<del></del>	oile Home Rehabili			
Project Addr	•				
Street:	<b>C33.</b>	City	·•	Zip:	
	ino Corto #38	City	Vista	920	83
Owner Name	j.				·····
Total Project		Restricted Units:	line	estricted Units:	
#1_		#1	#	_0_	
	Bedrooms: #1_	_		estricted Bedrooms: #_	
For projects wi	ith no Agency assista	ance, do not complete ar	y more of HCD-D1 or an	y of HCD-D2-D6. Only	complete HCD-D7.
•		•	onitoring Report recei		
	•	•	nent Code Section 658	_	ES 🛛 NO
Number of U	Inits Not in Complia	ance (income/ # of res	idents in unit):	#0	
Number of B	Bedrooms Not in Co	empliance (income/#	of residents in unit):	#0	
	Inits Restricted for	Special Needs: eed "Total Project Units	<b>.</b> 7	#0	
-		•	<b>More Special Needs:</b>	_ ≇ 0∏Check.i	f data not available
(Note: A uni	t may serve more tha	_	leeds" listed below, ther		
	LED (Mental)	# FARMWORKER		TRANSITIONAL HO	USING
	LED (Physical)		OF HOUSHOLD #	ELDERLY	
# FARM	WORKER (Migrant)	# LARGE FAMILY		EMERGENCY SHEL	
	•	(4 or more Bedn	ooms)	(allowable use <u>only</u> v Units Provided - With	
Use Restric	tion Dates (enter ap	opropriate dates):		0,100,101,000	
	Replacement	Y	Housing Units	Other Housing	Units Provided
	Housing Units		Outside Project Area		Without LMIHF
Inception			040.00110,0017404		3/23/99
Termination					3/24/01
Funding So	urces:				
Redevelopm		\$			
Federal Funds		\$ 8230 \$			
Other Local		\$			
Private Fund		\$			
Owner's Equ TCAC/Fede		· \$			
TCAC/State	Award:	\$			
•	opment/Purchase Co				
		listed below that will I	be used to identify all	Project Units <u>or</u> Proj	ect Bedrooms:
Replacer (Sch HCl	ment Housing Units D-D2)	Inclusionary Units Inside Project	: Area (Sch HCD-D3)	Other Housing Units  With LMIHF (Sc	
		Outside Project	t Area (Sch HCD-D4)	X Without LMIHF	<u>-</u>
			•	☐ Without any Age (Sch HCD-D7)	•

Agency: Vista Community Deve	lopment Commission	· 		
Redevelopment Project Area Name, or "	'Outside":Outside			
	me Rehabilitation			
Check only one: ☐ Inside Project Area	Outside Project Area			
Check only one. If both apply, comple  Agency Developed	te a separate form for each:  Non-Agency Developed			
Check only one. If both apply, comple	•			
Enter the number of units for each app				
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		
VEON. EON MOD AMOD TOTAL INEED	VEGW EGW MOD AMOD TOTAL INCLU			
		150000000000000000000000000000000000000		
•	N/A Non Elderly Units	Total Elderly & Non Elderly Units		
Elderly Units	•	VLOW LOW MOD AMOD TOTAL INELG		
VLOW. LOW MOD AMOD TOTAL INELG	VLOW LOW MOD AMOD TOTAL INELG	VEOW COW MOD AWOD TOTAL INCEED		
C. Other Non-Substantial Rehabilit	ation Units: N/A			
Elderty 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				
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		
E Mahijahama Owner / Basidanta		10		
E. <u>Mobilehome Owner / Resident:</u> 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.		
		- Schools		
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		
TEST. LOW MICE POINT INCLU	TEST ESTIMOS ANOS TOTAL INVEST	VEON CON MOD AMOD TOWN		

		<i>l all applicable Schedule</i> Development Commi		t be c	completed for <u>each</u> Ho	using Project.	
• • —		me, <u>or</u> "Outside":					
		of Vista Mobile F		ista	ance		
Project Addr							
•	obile Home Parks	S <u>City</u>	<u>r:</u> Vista		<u>Zip:</u>	083 & 92084	
Owner Name	»:						
	Bedrooms: # linkno MODITE			#	estricted Units: N/A estricted Bedrooms: #_		
For projects w	ith no Agency assista	ince, do not complete ar	y more of HCD-D1	or an	y of HCD-D2-D6. Only	complete HCD-D7.	
For the fiscal year being reported, was the Annual Monitoring Report received?:  Was this Project a development identified in Government Code Section 65863.10(a)(2)?  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: #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							
# DISABLED (Mental) # # DISABLED (Physical) # # FARMWORKER (Migrant) #		# FARMWORKER (Permanent) # FEMALE HEAD OF HOUSHOLD		#	ELDERLY		
Use Restrict	tion Dates (enter ap	opropriate dates):			N/A		
	Replacement	T	Housing Units		Other Housing Units Provided		
	Housing Units	Inside Project Area	Outside Project A	rea	With LMIHF	Without LMIHF	
Inception							
Termination		1	L	لا			
Funding So Redevelopm Federal Funds State Funds Other Local Private Fund Owner's Equ TCAC/Feder TCAC/State Total Developm	ent Funds: ds : Funds: ds: uity: ral Award:	\$ \$ \$ \$ \$ st: \$44_400_					
Check all a	ppropriate form(s) l	listed below that will b	e used to identify	all I	Project Units <u>or</u> Proj	ect Bedrooms:	
Replacer (Sch HCI	ment Housing Units D-D2)		: Area (Sch HCD-D3) t Area (Sch HCD-D		Other Housing Units  With LMIHF (School) Without LMIHF ( Without any Age (Sch HCD-D7)	n HCD-D5) Sch HCD-D6)	

Agency: Vista Community Development Commission				
Redevelopment Project Area Name, or "Outside":Outside				
Housing Project Name: Mobile Home Rental Assistance	The Control of the Co			
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:  ☐ Owner-Occupied				
Enter the number of units for each applicable activity below:				
A. New Construction Units:  Elderly Units  N/A  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				
B. <u>Substantial Rehabilitation Units</u> : 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:				
C. Other Non-Substantial Renabilitation 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				
D. <u>Acquisition Only:</u> 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			
	L PROMISSI L L			
E. Mobilehome Owner / Resident:  Elderly Units  Non Elderly Units	Total Eldarly & Non Eldarly Haite			
VLOW. LOW MOD AMOD TOTAL INELG VLOW LOW MOD AMOD TOTAL INELG	Total Elderly & Non Elderly Units  VLOW LOW MOD AMOD TOTAL INELG-			
	MARKET MA			
	85			
F. Mobilehome Park Owner / Resident: N/A				
VLOW. LOW MOD AMOD TOTAL INELG VLOW MOD AMOD TOTAL INELG	Total Elderly & Non Elderly Units  VLOW LOW MOD AMOD TOTAL INELG			
TOTAL INCES	VLOW LOW MOD AMOD TOTAL INCLU			

Agency Name: Vista Community Dev. Commission

Housing Project Name: Mobile Home Rental Assistance

G. Preservation (H&S 33334.2(e)(11), F	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 3	<b>3334.3(h)</b> : N	I/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)	<u>n(1)(A)</u> :	
Elderly Units	Non Elderly Units N	N/A 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 opti-	ons 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	N/A Total Elderty & Non Elderty Units
VLOW. LOW MOD AMOD TOTAL INELG	VLOW LOW MOD AMOD TOTAL	INELG VLOW LOW MOD AMOD TOTAL INELG
Limited Lines		
	•	
		85
TOTAL <u>UNITS</u> (Add totals of all <u>shaded</u>	"Total Elderly / Non Elderly Units	ts"):
If TOTAL UNITS is less than "Total Project U	nits" shown on HCD Schedule D1, rep	port the remainder as instructed below.
		fy remaining Project <u>Units</u> to be reported:
<b>10</b> • • • • • • • • • • • • • • • • • • •	lusionary Units: <u>Inside</u> Project Area (Sch HCD-D3	Other Housing Units Provided:  3)
Π	Outside Project Area (Sch HCD-l	
u	r roject Alea (Och HOD-L	(Sch HCD-D7)

•			pplicable Scheduli elopment Comm		D7 musi	t be d	completed for <u>each</u> f	lousing Project.
		•	or "Outside":		<del></del>			
-	-	-	- Mortgage C			ate	<del></del>	
Project Add								
Street:			Cit	v:			Zip:	
	ty Wide			r.	Vista		9	2083 & 92084
Owner Name	e: <u>See Att</u>	ached L	ist					
Total Project	Units:		Restricted Units:				estricted Units:	
#5 Total Project	Bedrooms: #	14	# Restricted Bedroo	oms: #		#1 Unre	stricted Bedrooms:	# <u>14</u>
For projects w	ith no Agency as	sistance,						y complete HCD-D7.
For the fisca	al year being rep	oorted, w	as the Annual M	onitoring R	eport re	eceiv	red?:	YES NO N/A
Was this Pro	oject a developr	nent ide	ntified in Govern	ment Code	Section	658	63.10(a)(2)?	YES 🔯 NO
Number of U	Jnits Not in Con	npliance	(income/ # of res	sidents in u	nit):		#0	
Number of E	Bedrooms Not in	n Compli	ance (income/#	of resident	s in uni	t):	#0	
	Jnits Restricted		cial Needs: Total Project Units	s <b>"</b> )			#0	
•			•	•	ial Need	ls: #	0 Check	, if data not available
(Note: A uni	it may serve more	e than on	_	leeds" listed			efore the sum of all *	
( <del>-</del>	LED (Mental)	#	FARMWORKER		0.	#	TRANSITIONAL H	OUSING
	LED (Physical)	#	_ FEMALE HEAD	•	· .	#	_ ELDERLY	
# FARM	NORKER (Migrant	) #	LARGE FAMILY			#	EMERGENCY SHE	
			(4 or more Bedr	ooms)				with "Other Housing "Ithout LMIHF" money)
Use Restric	tion Dates (ente	r appron	riate dates):	1/A			Offics 1 Tovided - VV	aca com na noney)
	Replacemen		Inclusionary	<del></del>	its		Other Housin	g Units Provided
	Housing Unit	s Ins	ide Project Area			rea	With LMIHF	Without LMIHF
Inception								
Termination								
Funding So	urces:							
Redevelopm			\$					
Federal Funds			\$ \$					
Other Local	Funds:		\$					
Private Fund Owner's Equ			\$					
TCAC/Fede		•	\$ \$					
TCAC/State	Award:		\$					
	opment/Purchase		\$ <u>N/A</u>				r tax credit	
					identify	all F	Project Units <u>or</u> Pro	oject Bedrooms:
∐ Replacer (Sch HCl	ment Housing Ur D-D2)	iits	Inclusionary Units Inside Project		(CD-D3)	)	Other Housing Un  With LMIHF (S	
			Outside Project	•	•			
			•	•		-		gency Assistance

Agency: Vista Community Devel	opment Commission	
Redevelopment Project Area Name, <u>or</u> "		
Housing Project Name: Mortgage Cr	edit Certificates	and the state of t
Check only one:  Inside Project Area	Outside Project Area	
Check only one. If both apply, complet  Agency Developed	e a separate form for each:   <u>Non-Agency</u> Developed	
Check only one. If both apply, complet	te a separate form for each:    Owner-Occupied	
Enter the number of units for each appl	icable activity below:	
A. New Construction Units:	Man Midada Halka	Takel Eldash & Non Eldash Ligits
VLOW. LOW MOD AMOD TOTAL INELG	Non Elderly Units  VLOW LOW MOD AMOD TOTAL INELG	Total Elderly & Non Elderly Units  VLOW LOW MOD AMOD TOTAL INELG
VEOV. LOW MOD AVIOU TOTAL INCLES	VEGW LOW MOD AMOD TOTAL INCLES	VEOW EOW MOD AMOD TOTAL
B. <u>Substantial Rehabilitation Units</u> : 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 New Code standard Balantilla	the Market	[ ] [Standarder]
C. Other Non-Substantial Rehabilita	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 / Residen	<u>t</u> :	
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 i i i i i i i i i i i i i i i i i i

Agency Name:	<u>Vista Communit</u>	y Deve	1opmer	t Comm.	Hous	sing Pro	ject Nan	ne:	MCC		
G. Preserva	tion (H&S 33334.2(e	e)(11), Re	ental O		4 . 4 . 49 . 14			<b>-</b>	unt Flatanto A Man	- Clalanda III	-14 -
W. 600 1 600	Elderly Units				derly Units				tal Elderly & Non		
VLOW. LOW	MOD AMOD TOTAL	INELG	VLOW	LOW MOD	AMOD TO	OTAL	INELG	AFOM FOA	DOMA DOM V	TOTAL	INELG
					<u>l</u>			LL			L
H. Preserva	ation / Replacement	(H&S 33	3334.3(	<u>h)</u> :							
	Elderly Units			Non E	derly Unit	s		Τġ	tal Elderly & No	n Elderly U	nits
VLOW. LOW	MOD AMOD TOTAL	INELG	VLOW	LOW MOD	AMOD T	OTAL	INELG	VLOW LOV	MOD AMOD	TOTAL	INELG
I. Rental R	eplacement (H&S 3	3334 3/f	γ1γΔ).								
i. Homairi	Elderly Units	0004.0(1	<u> </u>	Non E	Iderly Unit	s		To	tal Elderly & No	n Eiderly U	nits
VLOW. LOW	MOD AMOD TOTAL	INELG	VLOW	LOW MOD	AMOD T	OTAL	INELG	VLOW LO	W MOD AMOD	TOTAL	INELG
					П				T	<b>网络</b>	
0.4.11		•		·	l		L	L		1 soppositor	L
J. <u>Subsidy</u>	(other than specific Elderly Units	ed optio	ns her		iderly Unit	_		Τ.	otal Elderly & No	n Eldody I	laite
VLOW. LOW	MOD AMOD TOTAL	INELG	VLOW	LOW MOD			INELG		W MOD AMOD		INELG
12011. 2011	THE PARTY TOTAL		1011	TOW MOD	T		111223	72011 20	W WOD AWOU	TOTAL	INCCC
	لبلسلسا		L	<u> </u>	<u> </u>		L	LL_			L
K. Other As	ssistance:										
	Elderly Units				iderly Unit				otal Elderly & No		Jnits
VLOW. LOW	MOD AMOD TOTAL	INELG	VLOW	LOW MOD	AMOD 1	TOTAL	INELG	VLOW LC	OMA DOM W	TOTAL	INELG
			L.,		<u>ll</u>						Ĺ
TOTAL IN	ITS (Add totals of all	chadad "	erotal E	Oldoriu / Ni	on Fldori	lu Timita	-27\.				
											_
If TOTAL UN	<u>VITS</u> is less than "Total i	Project Un	nits" sho	wn on HCD	Schedule	D1, rep	ort the re	mainder as	instructed below		_
Check all ap Replacent (Sch HCI	ppropriate form(s) li nent Housing Units D-D2)	Inclu	usionary				(	Other Hous	ect <u>Units</u> to b sing Units Pro IIHF (Sch HC	vided:	ed:
				Project A	•		_	_	any Agency /	-	e
				-	•		,	(Sch HC			

A separate So		r <i>all <b>applicable Schedule</b> L</i> y Development Com		st be completed for <u>each</u> Housing Project.	
Redevelopme	ent Project Area Na	me, <u>or</u> "Outside":	Project Area #	<del>¥</del> 1	
Housing Pro	ject Name:Cre	ekside Terrace			
Project Addr	ess:				
Street:		City	<b>L</b> :	<u>Zip</u> :	
723 E	Bel Air Dr.		Vista	92084	
Owner Name	Forecast G	coup L.P.			
Total Project	Units:	Restricted Units:		Unrestricted Units:	
Total Project	Bedrooms: #3	#() Restricted Bedroo	oms: #0	#0 Unrestricted Bedrooms: #3	
For projects wi	ith no Agency assista	ince, do not complete a	ny more of HCD-D1	or any of HCD-D2-D6. Only complete HCD-D	7.
Was this Pro Number of U	oject a developmen Inits Not in Compli	ed, was the Annual Moternial in Governiance (income/ # of resemble income/ #	ment Code Section sidents in unit):	n 65863.10(a)(2)? ☐ YES ☐ NO #	
(Note: This r		eed *Total Project Units	·	#	
(Note: A unit	t may serve more tha	_	leeds" listed below,	eds: #	
# DISABLED (Mental) # # DISABLED (Physical) # # FARMWORKER (Migrant) #		# FEMALE HEAD OF HOUSHOLD		TRANSITIONAL HOUSING  ELDERLY  EMERGENCY SHELTERS (allowable use only with "Other Housing Units Provided - Without LMIHF" money)	
Use Restric	tion Dates (enter ap	propriate dates):			
	Replacement		Housing Units	Other Housing Units Provided	
	Housing Units	Inside Project Area	Outside Project A	Area With LMIHF Without LMI	HF_
Inception					
Termination		<u> </u>	1		<del> </del>
Funding So Redevelopm Federal Funds State Funds Other Local Private Fund Owner's Equ TCAC/Feder TCAC/State Total Developm	nent Funds: ds : Funds: ds: uity: ral Award;	\$ \$ \$ \$ st: \$			
Check all a	ppropriate form(s)	listed below that will	be used to identif	fy all Project Units <u>or</u> Project Bedrooms:	
☐ Replacer (Sch HCl	ment Housing Units D-D2)		s: Area (Sch HCD-D3 ¤ Area (Sch HCD-E	•	

#### OTHER HOUSING UNITS PROVIDED (WITHOUT ANY AGENCY ASSISTANCE)

NOTE: Units described on this form cannot be listed on forms HCD-D2 through D6. On this form only report units which have not received <u>any</u> assistance (financial or nonfinancial) from the agency, even though, in some cases, some units in the same project may have been agency assisted.

Agency: Vista CDC		
Redevelopment Project Area Name	e, or "Outside": Project Area #1	
Housing Project Name:Cree	ekside Terrace	
Check only one.  Inside Project Area	Outside Project Area	
1. If the project is inside a project	area, enter the number of units for each	applicable activity below:
A. New Construction Units:	T	
B. <u>Substantial Rehabilitation U</u>	nits:	
C. <u>Total Units:</u>	1	
D. If <u>none</u> of the units in the pr the following:	oject had any financial or nonfinancial a	assistance from the agency, complete
Building Permit Number: B	98-1513 Date of Building Permit: 1 m	2 17 98 o day yr
2. If the project is outside of a pro	ject area, enter the number of units for (	each applicable activity below:
A. New Construction Units:		
B. <u>Substantial Rehabilitation U</u>	nits:	
C. <u>Total Units:</u>		
Check all appropriate form(s) liste	ed below that will be used to identify ren	naining 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 LMIHF (Sch HCD-D6)

# 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.

	T1
PART I - (H&SC Section 33413(b)(1))	
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
PART II - (H&SC Section 33413(b)(2))	
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
PART III - TOTALS	
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