

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

COVER SHEET
PAGE 0 OF 0

TO: STATE CONTROLLER
DIVISION OF ACCOUNTING AND REPORTING

LOCAL GOVERNMENT REPORTING SECTION
REDEVELOPMENT REPORTING UNIT

P. O. BOX 942850
SACRAMENTO, CA 94250

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

PHONE: (916) 445-5153

FISCAL YEAR ENDED
June 30, 2000
DUE WITHIN SIX MONTHS OF THE
AGENCY'S FISCAL YEAR END.

COUNTY	STATE USE ONLY
MAILING ADDRESS (PLEASE AFFIX LABEL AND CORRECT THE LABEL IF NECESSARY)	
AGENCY NAME	
STREET AC	
CITY	
PHONE	
()	
LOCATION	

37958000
VISTA COMMUNITY DEVELOPMENT COMMISSION
P. O. BOX 1988
600 EUCLYPTUS
VISTA, CA 92085-1988

CITY	STATE	ZIP CODE
AGENCY ORGANIZATION	GOVERNING BODY MEMBERSHIP	
<input type="checkbox"/> REDEVELOPMENT AGENCY (H&S CODE 33100)	<input type="checkbox"/> BOARD OF SUPERVISORS	<input type="checkbox"/> OTHER
<input checked="" type="checkbox"/> COMMUNITY DEVELOPMENT COMMISSION	<input checked="" type="checkbox"/> CITY COUNCIL	
(H&S CODE 34100)		

REPORT PREPARED BY: Dale Nielsen (CONTACT PERSON) PHONE - (CONTACT PERSON) (760) 726-1340 ext. 1023
STREET ADDRESS 600 Eucalyptus Avenue

CITY Vista STATE CA ZIP CODE 92084
SIGNATURE OF EXECUTIVE DIRECTOR [Signature] DATE 11/22/00

NAME Rita Geldert TITLE Executive Director
FIRM NAME INDEPENDENT AUDITOR
Calderon, Jaham & Osborn

CONTACT PERSON Thomas Saiz PHONE - (CONTACT PERSON) (619) 234-5137
STREET ADDRESS 600 "B" Street, Suite 1900

CITY San Diego STATE CA ZIP CODE 92101

MEMBERS OF THE GOVERNING BODY	
CHAIRPERSON	MEMBER
<u>Gloria McClellan</u>	
MEMBER	MEMBER
<u>Ed Estes, Jr.</u>	
MEMBER	MEMBER
<u>Ted Cole</u>	
MEMBER	MEMBER
<u>Dick Cooke</u>	
MEMBER	MEMBER
<u>Judy Ritter</u>	
AGENCY OFFICIALS	
EXECUTIVE OFFICER	PHONE
<u>Rita Geldert</u>	<u>(760) 726-1340</u>
FISCAL OFFICER	PHONE
<u>Barbara Underwood</u>	<u>(760) 726-1340</u>
SECRETARY	PHONE
<u>Jo Seibert</u>	<u>(760) 726-1340</u>

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

FISCAL YEAR ENDED June 30, 2000 AGENCY NAME Vista Community Development Commission

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

PLEASE PROVIDE A DESCRIPTION OF THE AGENCY'S ACTIVITIES/
ACCOMPLISHMENTS DURING THE PAST YEAR. USE ADDITIONAL FORMS
AS NEEDED.
PLEASE BE SPECIFIC, AS THIS INFORMATION WILL BE THE BASIS
FOR POSSIBLE INCLUSION IN THE PUBLICATION.

See Attached

ENTER THE AMOUNT OF SQUARE FOOTAGE COMPLETED THIS YEAR BY BUILDING TYPE AND SEGREGATED BY NEW OR REHABILITATED CONSTRUCTION.	SQUARE FOOTAGE COMPLETED	
	A	B
COMMERCIAL BUILDINGS 1		3 Bldg Facades
INDUSTRIAL BUILDINGS 2		
PUBLIC BUILDINGS 3	980 (F)	
Transitional Housing OTHER BUILDINGS 4		6,795
TOTAL SQUARE FOOTAGE 5		
ENTER THE NUMBER OF JOBS CREATED FROM THE ACTIVITIES OF THE AGENCY, EITHER ACTUAL OR ESTIMATED. 6	A	
		0
ENTER THE APPROPRIATE CODES TO INDICATE EACH TYPE OF PUBLIC FACILITY COMPLETED THIS YEAR.	A	
		F
TYPES COMPLETED (A-F ONLY) 7		

A = UTILITIES C = LANDSCAPING E = STREETS & ROADS
B = RECREATION D = SEWER & STORM F = BUS/TRANSIT

SUMMARY OF REDEVELOPMENT ACTIVITIES

Redevelopment Law

The California Health and Safety Code Section 33080.1 requires every redevelopment agency to report annually on its housing activities, and use of the Housing Fund, from the 20% set-aside tax increment, and use of the 80% tax increment within six months after the end of the year. The Community Development Commission (Commission) receives the report and presents it to the City Council. The City Council approves the Annual Report and transmits it to the State. The Annual Report (Exhibit 3- Limited Distribution) includes an independent financial audit, a fiscal statement, a description of the agency's activities affecting housing and displacement, and any other information deemed useful to explain its programs.

Annual Report – Financial

The Vista Redevelopment Project Area (Project Area) was established in 1987 and totals 2,106 acres. During fiscal year 1999- 2000, the Project Area generated \$6,902,341 of gross tax increment revenue. The Commission must deposit 20% of the tax increment revenue into the Low and Moderate Income Housing Set Aside Fund. In addition, the Commission is contractually obligated to pass through a percentage of the funds to the Vista Unified School District, San Marcos School District, Palomar Community College District and the School Safety Fund. The following table describes the distribution of the tax increment revenue received during fiscal year 1999-2000:

TAX INCREMENT FY 1999-2000	
Total gross Tax Increment Received	\$6,902,341
Pass-through commitments	- 840,129
Sub-total	6,062,212
Housing Fund Set-aside	- 1,380,468
Net Tax Increment for Repayment of Debt And Capital Projects (80% fund total for FY1999-2000)	\$4,681,744

Redevelopment Activities

During 1999-2000 the Commission terminated the Disposition Development Agreement (DDA) with DDR Oliver McMillan for the 37 acre Vista Village Downtown Redevelopment Project and entered into a Exclusive Negotiating Agreement (ENA) with Civic Partners for the entertainment and retail component anchored by Krikorian Premiere Theaters. It is expected that a DDA will be signed with Civic Partners in 2000-2001. Once the DDA is signed construction of the first phase will be completed within two years. The Commission has invested or committed over \$40 million dollars to acquire property, construction public improvements, complete, and transform a concrete drainage channel into a beautiful creek walk. In 1999-2000 construction began on a new multi-modal transit center that was completed in November of 2000.

During 1999-2000, the Commission completed the following activities for Vista Village:

- Entered into an Exclusive Negotiating Agreement with Civic Partners
- Completed acquisition and relocation activities for the Vista Village Project
- Completed demolition and relocation
- Continued site preparation for the Project including dry utilities, grading, street work, box culverts, site remediation, sewer improvements, and pad preparation
- Started construction of a new multi-modal transit center that was completed in November 2000

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

- Vista Way/Jefferson Street realignment
- Revitalization of a 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
- Three owners with Commercial Property Improvement loans/grants for downtown businesses
- Provided funding for the expansion of the Brengle Terrace Senior Center
- Provided funding for the Brengle Terrace Detention Basin
- Provided funding for the purchase of 2076 Thibido Road as a replacement for the Downtown Community Center
- Entered into a DDA with Olson Urban Housing, LLC, for the development of the Hacienda/Gateway property

Housing Fund

The Commission must deposit twenty percent of the tax increment revenue into the Low and Moderate Income Housing Set Aside Fund (Housing Fund). The following table provides a financial overview of the Housing Fund transactions:

HOUSING FUND

Beginning Balance		\$2,335,517
Housing Fund Revenues & other sources	+	<u>1,894,963</u>
Sub total		4,230,480
Expenditures	-	<u>927,268</u>
Total Available		\$3,303,212
For Debt Service and Capital Projects		

Housing Fund Programs

The Housing Fund is to be used to increase, preserve and improve the supply of low and moderate income housing (Health and Safety Code Section 33334.2). In 1999-2000 the Commission approved the 5-year Redevelopment and Housing Implementation Plan. The following programs are funded through the Redevelopment Set-Aside Housing Fund during the reporting period:

Sycamore Creek Mobile Home Park – The Commission provides an operating subsidy to maintain affordable housing at Sycamore Creek. The City maintains affordable rents and has conducted surveys of the residents documenting income. Out of 115 spaces at Sycamore Creek 40 are vacant, 17 are occupied by recreational vehicles, and low-income residents occupy 60. Council will be considering a long-term strategy for the property in 2000-2001.

Casa Base – The Commission provided a loan in the amount of \$34,034 to Alpha Project from the Set-Aside Housing Fund for the rehabilitation of a 12-unit apartment complex to be used as transitional housing for homeless men. In the previous fiscal year the Commission assisted with the purchase and relocation of residents. In 1999-2000 the rehabilitation was completed and the project became occupied as transitional housing.

Nettleton/Cedar Road Housing – The Nettleton Road project received \$514,421 in loan proceeds in 1999-2000. The project completed 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 unit complex that includes 20 units of transitional housing.

Housing Rehabilitation Program – The Commission provides deferred and amortized loans at below-market interest rates to eligible single-family homeowners to make needed repairs. During the reporting period the Commission assisted four households.

Vista Home Ownership Programs – The Pre and Post Homebuyer Education Programs provides counseling services for new homeowners. During the Reporting Period two households were assisted through these programs. During the reporting period the Commission also provided funding for the Down Payment Program and the Renter/Buyer Program. Program restrictions pursuant to the regulations for Set-Aside Housing Funds under Redevelopment Law have limited the success of these programs. Therefore these programs are currently under review for changes in funding sources that will enable changes to program requirements and increase participation.

Mortgage Credit Certificates (MCC) - This program provides tax credits for low-income homebuyers. The Set-Aside Housing Fund is used to pay an administrative fee for each MCC issued. During the reporting the MCC program assisted 10 homebuyers.

Hidden Valley – Housing Set-Aside Tax Allocation Bonds provides an operating subsidy for this 50-unit senior affordable housing development.

In addition to programs funded through The Set-Aside Housing Fund, the Commission has used other funding sources to assist the residents of Vista with housing needs, such as Community Development Block Grant funds (CDBG), HOME funds, General Funds, and Mortgage Revenue Bonds. Such Programs include Mobile Home Rental Assistance, Owner Occupied Mobile Home Rehabilitation Program, Emergency Shelter, Affordable housing development, and the Mobile Home Park Acquisition program

BALANCE SHEET
FISCAL YEAR ENDED June 30, 2000

AGENCY NAME

Vista Community Development Commission

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	A	B	C	D	E	F	G
ASSETS & OTHER DEBITS	CAPITAL PROJECTS FUNDS	DEBT SERVICE FUNDS	LOW/MODERATE INCOME HOUSING FUNDS	SPECIAL REVENUE/OTHER FUNDS	GENERAL LONG-TERM DEBT	GENERAL FIXED ASSETS	TOTAL (PAGE AND SUBTOTAL)
CASH & IMPREST CASH	1.0 \$3,915,172	\$515,693	\$2,402,122	\$			\$6,832,987
CASH WITH FISCAL AGENT	2.0 6,989,102	887,088	229,168				8,105,358
TAX INCREMENTS RECEIVABLE	3.0	173,820	43,455				217,275
ACCOUNTS RECEIVABLE	4.0 57,990						57,990
ACCRUED INTEREST RECEIVABLE	5.0 743,750						743,750
LOANS RECEIVABLE	6.0		634,719				634,719
CONTRACTS RECEIVABLE	7.0						
LEASE PAYMENTS RECEIVABLE	8.0			\$			
UNEARNED FINANCE CHARGE	9.0						
DUE FROM CAPITAL PROJECTS FUND	10.0						
DUE FROM DEBT SERVICE FUND	11.0						
DUE FROM LOW/MODERATE INCOME HOUSING FUND	12.0						
DUE FROM SPECIAL REVENUE/OTHER FUNDS	13.0						
INVESTMENTS	14.0						
OTHER ASSETS	15.0 2,062						2,062
INVESTMENT-LAND HELD FOR RESALE	16.0						
ALLOWANCE FOR DECLINE IN VALUE OF LAND HELD FOR RESALE	16.1						
FIXED ASSETS: LAND, STRUCTURES & IMPROVEMENTS	17.0					\$	
EQUIPMENT	18.0						
AMOUNT AVAILABLE IN DEBT SERVICE FUND	19.0				1,470,111		1,470,111
AMOUNT TO BE PROVIDED FOR PAYMENT OF LONG-TERM DEBT	20.0				60,981,523		60,981,523
TOTAL ASSETS & OTHER DEBITS	21.0 11,708,076	\$ 1,576,601	\$ 3,309,464	\$	\$ 62,451,634	\$	\$ 79,045,775

FISCAL YEAR ENDED June 30, 2000

	A	B	C	D	E	F	G
	CAPITAL PROJECTS FUNDS	DEBT SERVICE FUNDS	LOW/MODERATE INCOME HOUSING FUNDS	SPECIAL REVENUE/OTHER FUNDS	GENERAL LONG-TERM DEBT	GENERAL FIXED ASSETS	TOTAL (MEMORANDUM ONLY)
LIABILITIES & OTHER CREDITS							
ACCOUNTS PAYABLE	22.0 \$ 774,911	\$ 1,250	\$ 695	\$			\$ 776,856
INTEREST PAYABLE	23.0						
TAX ANTICIPATION	24.0						
NOTES PAYABLE	25.0						
LOANS PAYABLE	26.0						
OTHER LIABILITIES	27.0						
DUE TO CAPITAL PROJECTS FUND	32,041	105,240	5,557				142,838
DUE TO DEBT							
SERVICE FUND	28.0						
DUE TO LOW/MODERATE INCOME HOUSING FUND	29.0						
DUE TO SPECIAL REVENUE/OTHER FUNDS	30.0						
TAX ALLOCATION							
BONDS PAYABLE	31.0				48,905,000		48,905,000
LEASE REVENUE BONDS/CERTIF-LEASE REVENUE BONDS/CERTIF-							
CATES OF PARTICIPATION PAYABLE	32.0						
OTHER LONG-TERM DEBT	33.0				13,546,634		13,546,634
TOTAL LIABILITIES & OTHER CREDITS	34.0 \$ 806,952	\$ 106,490	\$ 6,252	\$	\$62,451,634		\$ 63,371,328
EQUITIES							
INVESTMENT IN GENERAL							
FIXED ASSETS	35.0					\$	\$
FUND BALANCE RESERVED	36.0 \$ 888,341	\$ 1,470,111	\$ 1,782,275				4,140,727
FUND BALANCE UNRESERVED-DESIGNATED	37.0		203,656				7,719,512
FUND BALANCE UNRESERVED-UNDESIGNATED	38.0		1,317,281				3,814,208
TOTAL EQUITIES (MUST EQUAL PAGE 05, LINE 51)	39.0 \$ 10,901,124	\$ 1,470,111	\$ 3,303,212	\$		\$	\$ 15,674,447
TOTAL LIABILITIES OTHER CREDITS & EQUITIES	40.0 \$ 11,708,076	\$ 1,576,601	\$ 3,309,464	\$	\$62,451,634	\$	\$ 79,045,775

INCOME STATEMENT - CONSOLIDATED
AGENCY NAME

Vista Community Development Commission

FISCAL YEAR ENDED June 30, 2000

REVENUES	A	B	C	D	E
	CAPITAL PROJECTS FUNDS	DEBT SERVICE FUNDS	LOW/MODERATE INCOME HOUSING * FUNDS	SPECIAL REVENUE/OTHER FUNDS	TOTAL
TAX INCREMENT - GROSS (INCLUDE ALL APPORTIONMENTS)	1.0 \$	\$ 5,521,873	\$ 1,380,468	\$	\$6,902,341
SPECIAL SUPPLEMENTAL SUBVENTION	2.0				
PROPERTY ASSESSMENTS	3.0				
SALES & USE TAX	4.0				
TRANSIENT OCCUPANCY TAX	4.1				
INTEREST INCOME	5.0	322,773	185,476		1,254,270
RENTAL INCOME	6.0	19,329			19,329
LEASE INCOME	7.0				
SALE OF REAL ESTATE	8.0	535,984			535,984
GAIN ON LAND HELD FOR RESALE	8.1				
FEDERAL GRANTS	9.0				
GRANTS FROM OTHER AGENCIES	10.0				
BOND ADMINISTRATIVE FEES	11.0				
OTHER REVENUES	12.0	999,002	8,989		1,017,609
TOTAL REVENUES	13.0	2,300,336	1,574,933		9,729,533
EXPENDITURES					
ADMINISTRATION COSTS	14.0 \$	\$ 571,810	\$ 248,112	\$	\$ 819,922
PROFESSIONAL SERVICES	15.0	344,188	65,066		409,254
PLANNING, SURVEY & DESIGN	16.0	619,037			619,037
REAL ESTATE PURCHASES	17.0	2,789,243			2,789,243
EXPENDITURES SUB-TOTAL (CARRY TO LINE 19)	(18.0)	\$ 4,324,278	\$ 313,178	\$	\$ 4,637,456

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

INCOME STATEMENT - CONSOLIDATED

FISCAL YEAR ENDED June 30, 2000

Vista Community Development Commission

AGENCY NAME

EXPENDITURES (CONT)	A	B	C	D	E
	CAPITAL PROJECTS FUNDS	DEBT SERVICE FUNDS	LOW/MODERATE INCOME HOUSING * FUNDS	SPECIAL REVENUE/OTHER FUNDS	TOTAL
SUB-TOTAL (FROM LINE 18)	(19.0) \$ 4,324,278	\$	\$ 313,178	\$	\$ 4,637,456
ACQUISITION EXPENSE	20.0		6,000		6,000
OPERATION OF ACQUIRED PROPERTY	21.0		268,542		287,704
RELOCATION COSTS	22.0				
RELOCATION PAYMENTS	23.0				1,697,628
SITE CLEARANCE COSTS	24.0				1,128,662
PROJECT IMPROVEMENT/ CONSTRUCTION COSTS	25.0				6,094,117
DISPOSAL COSTS	26.0				
LOSS ON DISPOSITION OF LAND HELD FOR RESALE	26.1				
DECLINE IN VALUE OF LAND HELD FOR RESALE	26.2				
REHABILITATION COSTS	27.0				
REHABILITATION GRANTS	28.0		95,631		95,631
INTEREST EXPENSE	29.0		172,905		3,478,798
FIXED ASSET ACQUISITIONS	30.0		7,092		172,879
SUBSIDIES TO LOW & MODERATE INCOME HOUSING	31.0		13,920		13,920
DEBT ISSUANCE COSTS	31.1				
OTHER EXPENDITURES INCLUDING PASS THROUGH PAYMENT(S)	32.0				
DEBT PRINCIPAL PAYMENTS:					
TAX ALLOCATION BONDS & NOTES	33.0		50,000		2,136,856
REVENUE BONDS & CERTIFICATES OF PARTICIPATION	34.0				635,000
CITY/COUNTY ADVANCES & LOANS	35.0				
U.S. STATE, & OTHER					994,604
LONG-TERM DEBT	36.0				
TOTAL EXPENDITURES	37.0	\$ 13,824,634	\$ 927,268	\$ 6,627,353	\$ 21,379,255

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

INCOME STATEMENT - CONSOLIDATED

AGENCY NAME

Vista Community Development Commission

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FISCAL YEAR ENDED June 30 2000

EXPENDITURES (CONT)	A	B	C	D	E
	CAPITAL PROJECTS FUNDS	DEBT SERVICE FUNDS	LOW/MODERATE INCOME HOUSING * FUNDS	SPECIAL REVENUE/OTHER FUNDS	TOTAL
EXCESS (DEFICIENCY) REVENUES OVER (UNDER) EXPENDITURES	38.0 \$(11,524,298)	(773,089)	\$ 647,665	\$	\$(11,649,722)
OTHER FINANCING SOURCES (USES)					
PROCEEDS OF LONG-TERM DEBT	39.0 680,775				680,775
PROCEEDS OF REFUNDING BONDS	39.1				
PAYMENT TO REFUNDED BOND	39.2 () () () () (
ESCROW AGENT	40.0				
ADVANCES FROM CITY/COUNTY		619,604			619,604
SALE OF FIXED ASSETS	41.0				
MISCELLANEOUS FINANCING SOURCES (USES)	41.1	407,859	87,746		495,305
OPERATING TRANSFERS IN	42.0	8,935,000	232,284		9,736,467
TAX INCREMENT TRANSFERS IN (LOW & MOD HOUSING FUND)	42.1				
OPERATING TRANSFERS OUT	43.0 (569,183) () () (
TAX INCREMENT TRANSFERS OUT (TO LOW & MOD HOUSING FUND)	43.1 () () () () (
TOTAL - OTHER FINANCING SOURCES (USES)	44.0 \$	9,666,196	\$ 320,030	\$	\$ 1,795,684
EXCESS (DEFICIENCY) OF REVENUES & OTHER FINANCING SOURCES OVER EXPENDITURES & OTHER FINANCING USES (LINE 38 + LINE 44)	45.0 \$	(1,858,102)	967,695	\$	(9,854,038)
EQUITY, BEGINNING OF PERIOD	46.0 \$	12,759,226	\$ 2,335,517	\$	\$ 25,528,485
ADJUSTMENTS:	47.0				
PRIOR PERIOD ADJUSTMENTS					
RESIDUAL EQUITY TRANSFERS	48.0				
OTHER - (EXPLAIN)	49.0				
EQUITY, END OF PERIOD (MUST EQUAL PAGE 04, LINE 39)	51.0 \$	10,901,124	\$ 3,303,212	\$	\$ 15,674,447

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

FISCAL YEAR ENDED June 30, 2000 AGENCY NAME Vista Community Development Commission

ASSESSED VALUATION DATA

		C
FROZEN BASE ASSESSED VALUATION	1.0 \$	187,602,251
INCREMENT ASSESSED VALUATION	2.0	815,675,382
TOTAL ASSESSED VALUATION	3.0 \$	628,073,131

PASS THROUGH / SCHOOL DISTRICT ASSISTANCE

AMOUNTS PAID TO TAXING AGENCIES PURSUANT TO:	TAX INCREMENT PASS THROUGH DETAIL						OTHER PAYMENTS		
	H & S CODE SECTION 33401	H & S CODE SECTION 33676	H & S CODE SECTION 33607	TOTAL	H & S CODE SECTION 33445	H & S CODE SECTION 33445.5	E	F	
COUNTY	4.0 \$	\$	\$	\$					
CITIES	5.0								
SCHOOL DISTRICTS	6.0	811,351		811,351				\$	
COMMUNITY COLLEGE DISTRICTS	7.0	28,778		28,778					
SPECIAL DISTRICTS	8.0								
TOTAL PAID TO TAXING AGENCIES	10.0 \$	\$ 840,129	\$	\$ 840,129	\$	\$		\$	
NET AMOUNT TO AGENCY	11.0			6,062,212					
GROSS TAX INCREMENT GENERATED	12.0			6,902,341					

CAPITAL IMPROVEMENT DETAIL

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

Code Section:	Code Section:		
	D	E	
13.0	33401	33676	
14.0			
15.0			
16.0			

SUMMARY OF THE STATEMENT OF INDEBTEDNESS - Agency Totals

Agency Name Vista Community Development Commission

Fiscal Year Ended

		A
Types of Debts		Total Indebtedness Outstanding As of 6/30/2000
TAX ALLOCATION BOND DEBT	1	\$ 90,873,881
REVENUE BONDS	2	
OTHER LONG-TERM DEBT	3	8,548,427
CITY/COUNTY DEBT	4	13,546,634
LOW & MODERATE FUND	5	
OTHER	6	
TOTAL	7	\$ 112,968,942
AVAILABLE REVENUES	8	(583,022)
NET REQUIREMENT	9	\$ 112,385,920

Using the Statement of Indebtedness (SOI) filed on or before October 1 following the fiscal year end of this report, 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. Enter the amount listed on Line 7 from the Calculation of Available Revenues statement.

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

PROJECT AREA
COVER SHEET

PAGE 01

STATE USE ONLY
REVIEWED
CLEARED

PROJECT AREA ID#	STATE USE ONLY								
PLEASE AFFIX LABEL AND CORRECT IF NECESSARY									
AGENCY AND PROJECT AREA NAME									
37958001 PROJECT AREA #1 VISTA									
DATE PROJECT AREA WAS ESTABLISHED	(MM-DD-YY)	(1)	07 - 13	- 87					
MOST RECENT DATE PROJECT AREA WAS AMENDED	(MM-DD-YY)	2	09 - 22	- 98	YES	NO			
DID THIS AMENDMENT ADD NEW TERRITORY?	(MM-DD-YY)	(2.5)			<input type="checkbox"/>	<input checked="" type="checkbox"/>			
MOST RECENT DATE PROJECT AREA WAS MERGED	(MM-DD-YY)	3							
ESTABLISHED TIME LIMIT:	(YEAR ONLY)	4	2027						
REPAYMENT OF INDEBTEDNESS	(YEAR ONLY)	5.1	2027						
ESTABLISHED TIME LIMIT:	(YEAR ONLY)	6.1	2007						
EFFECTIVENESS OF PLAN	(XX.X%)	8	19.2	%					
NEW INDEBTEDNESS	(XX.X%)	9	80.8	%					
SIZE OF PROJECT AREA IN ACRES.		7	2.106						
PERCENTAGE OF LAND VACANT AT THE INCEPTION OF THE PROJECT AREA. HEALTH AND SAFETY CODE SECTION 33320.1		10	R.I.C.P.						
PERCENTAGE OF LAND DEVELOPED AT THE INCEPTION OF THE PROJECT AREA. HEALTH AND SAFETY CODE SECTION 33320.1	R = RESIDENTIAL I = INDUSTRIAL C = COMMERCIAL P = PUBLIC O = OTHER								
OBJECTIVES OF THE PROJECT AREA AS SET FORTH IN THE PROJECT AREA PLAN. (ENTER THE APPROPRIATE CODE(S) IN SEQUENCE AS SHOWN).									

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

See Attached

REDEVELOPMENT ACTIVITIES

During 1999-2000 the Commission terminated the Disposition Development Agreement (DDA) with DDR Oliver McMillan for the 37 acre Vista Village Downtown Redevelopment Project and entered into a Exclusive Negotiating Agreement (ENA) with Civic Partners for the entertainment and retail component anchored by Krikorian Premiere Theaters. It is expected that a DDA will be signed with Civic Partners in 2000-2001. Once the DDA is signed construction of the first phase will be completed within two years. The Commission has invested or committed over \$40 million dollars to acquire property, construction public improvements, complete, and transform a concrete drainage channel into a beautiful creek walk. In 1999-2000 construction began on a new multi-modal transit center that was completed in November of 2000.

During 1999-2000, the Commission completed the following activities for Vista Village:

- Entered into an Exclusive Negotiating Agreement with Civic Partners
- Completed acquisition and relocation activities for the Vista Village Project
- Completed demolition and relocation
- Continued site preparation for the Project including dry utilities, grading, street work, box culverts, site remediation, sewer improvements, and pad preparation
- Started construction of a new multi-modal transit center that was completed in November 2000

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

- Vista Way/Jefferson Street realignment
- Revitalization of a 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
- Three owners with Commercial Property Improvement loans/grants for downtown businesses
- Provided funding for the expansion of the Brengle Terrace Senior Center
- Provided funding for the Brengle Terrace Detention Basin
- Provided funding for the purchase of 2076 Thibido Road as a replacement for the Downtown Community Center
- Entered into a DDA with Olson Urban Housing, LLC, for the development of the Hacienda/Gateway property

HOUSING FUND PROGRAMS

The Housing Fund is to be used to increase, preserve and improve the supply of low and moderate income housing (Health and Safety Code Section 33334.2). In 1999-2000 the Commission approved the 5-year Redevelopment and Housing Implementation Plan. The following programs are funded through the Redevelopment Set-Aside Housing Fund during the reporting period:

Sycamore Creek Mobile Home Park – The Commission provides an operating subsidy to maintain affordable housing at Sycamore Creek. The City maintains affordable rents and has conducted surveys of the residents documenting income. Out of 115 spaces at Sycamore Creek 40 are vacant, 17 are occupied by recreational vehicles, and low-income residents occupy 60. Council will be considering a long-term strategy for the property in 2000-2001.

Casa Base – The Commission provided a loan in the amount of \$34,034 to Alpha Project from the Set-Aside Housing Fund for the rehabilitation of a 12-unit apartment complex to be used as transitional housing for homeless men. In the previous fiscal year the Commission assisted with the purchase and relocation of residents. In 1999-2000 the rehabilitation was completed and the project became occupied as transitional housing.

Nettleton/Cedar Road Housing – The Nettleton Road project received \$514,421 in loan proceeds in 1999-2000. The project completed 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 unit complex that includes 20 units of transitional housing.

Housing Rehabilitation Program – The Commission provides deferred and amortized loans at below-market interest rates to eligible single-family homeowners to make needed repairs. During the reporting period the Commission assisted four households.

Vista Home Ownership Programs – The Pre and Post Homebuyer Education Programs provides counseling services for new homeowners. During the Reporting Period two households were assisted through these programs. During the reporting period the Commission also provided funding for the Down Payment Program and the Renter/Buyer Program. Program restrictions pursuant to the regulations for Set-Aside Housing Funds under Redevelopment Law have limited the success of these programs. Therefore these programs are currently under review for changes in funding sources that will enable changes to program requirements and increase participation.

Mortgage Credit Certificates (MCC) - This program provides tax credits for low-income homebuyers. The Set-Aside Housing Fund is used to pay an administrative fee for each MCC issued. During the reporting the MCC program assisted 10 homebuyers.

Hidden Valley – Housing Set-Aside Tax Allocation Bonds provides an operating subsidy for this 50-unit senior affordable housing development.

INCOME STATEMENT

AGENCY NAME

Vista Community Development Commission

PAGE

0 5

PROJECT AREA NAME #1

FISCAL YEAR ENDED June 30, 2000

	A	B	C	D	E
REVENUES	CAPITAL PROJECTS FUNDS	DEBT SERVICE FUNDS	LOW/MODERATE INCOME HOUSING FUNDS	SPECIAL REVENUE/OTHER FUNDS	TOTAL
TAX INCREMENT - GROSS (INCLUDE ALL APPORTIONMENTS)	1.0 \$	\$ 5,521,873	\$ 1,380,468	\$	\$ 6,902,341
SPECIAL SUPPLEMENTAL SUBVENTION	2.0				
PROPERTY ASSESSMENTS	3.0				
SALES & USE TAX	4.0				
TRANSIENT OCCUPANCY TAX	4.1				
INTEREST INCOME	5.0	322,773	185,476		1,254,270
RENTAL INCOME	6.0				19,329
LEASE INCOME	7.0				
SALE OF REAL ESTATE	8.0				535,984
GAIN ON LAND HELD FOR RESALE	8.1				
FEDERAL GRANTS	9.0				
GRANTS FROM OTHER AGENCIES	10.0				
BOND ADMINISTRATIVE FEES	11.0				
OTHER REVENUES	12.0	999,002	8,989		1,017,609
TOTAL REVENUES	13.0	5,854,264	1,574,933		9,729,533
EXPENDITURES					
ADMINISTRATION COSTS	14.0 \$	\$	\$ 248,112	\$	\$ 819,922
PROFESSIONAL SERVICES	15.0		65,066		409,254
PLANNING, SURVEY & DESIGN	16.0				619,037
REAL ESTATE PURCHASES	17.0				2,789,243
EXPENDITURES SUB-TOTAL (CARRY TO LINE 19)	(18.0)	\$ 4,324,278	\$ 313,178	\$	\$ 4,637,456

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

FISCAL YEAR ENDED June 30, 2000 **PROJECT AREA NAME** #1

EXPENDITURES (CONT)	AGENCY FUNDS					TOTAL
	A	B	C	D	E	
	CAPITAL PROJECTS FUNDS	DEBT SERVICE FUNDS	LOW/MODERATE INCOME HOUSING * FUNDS	SPECIAL REVENUE/OTHER FUNDS		
SUB-TOTAL (FROM LINE 18)	(19.0) \$ 4,324,278	\$	\$313,178	\$	\$ 4,637,456	
ACQUISITION EXPENSE	20.0		6,000		6,000	
OPERATION OF ACQUIRED PROPERTY	21.0		268,542		268,542	
RELOCATION COSTS	22.0					
RELOCATION PAYMENTS	23.0	1,697,628			1,697,628	
SITE CLEARANCE COSTS	24.0	1,128,662			1,128,662	
PROJECT IMPROVEMENT/ CONSTRUCTION COSTS	25.0	6,094,117			6,094,117	
DISPOSAL COSTS	26.0					
LOSS ON DISPOSITION OF LAND HELD FOR RESALE	26.1					
DECLINE IN VALUE OF LAND HELD FOR RESALE	26.2					
REHABILITATION COSTS	27.0					
REHABILITATION GRANTS	28.0		95,631		95,631	
INTEREST EXPENSE	29.0	3,305,893	172,905		3,478,798	
FIXED ASSET ACQUISITIONS	30.0	165,787	7,092		172,879	
SUBSIDIES TO LOW & MODERATE INCOME HOUSING	31.0		13,920		13,920	
DEBT ISSUANCE COSTS	31.1					
OTHER EXPENDITURES INCLUDING PASS THROUGH PAYMENT(S)	32.0	2,116,856			2,116,856	
DEBT PRINCIPAL PAYMENTS:						
TAX ALLOCATION BONDS & NOTES	33.0	585,000	50,000		635,000	
REVENUE BONDS & CERTIFICATES						
OF PARTICIPATION	34.0					
CITY/COUNTY						
ADVANCES & LOANS	35.0	375,000			375,000	
U. S. STATE, & OTHER						
LONG-TERM DEBT	36.0					
TOTAL EXPENDITURES	37.0	\$ 13,824,624	\$ 927,268	\$ 6,627,353	\$ 21,379,255	

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

INCOME STATEMENT

AGENCY NAME Vista Community Development Commission

PROJECT AREA NAME #1

FISCAL YEAR ENDED June 30, 2000

EXPENDITURES (CONT)	A	B	C	D	E
	CAPITAL PROJECTS FUNDS	DEBT SERVICE FUNDS	LOW/MODERATE INCOME HOUSING *FUNDS	SPECIAL REVENUE/OTHER FUNDS	TOTAL
38.0 EXCESS (DEFICIENCY) REVENUES OVER (UNDER) EXPENDITURES	\$ (11,524,298)	\$ (773,089)	\$ 647,665	\$	\$ (11,649,722)
39.0 OTHER FINANCING SOURCES (USES)	680,775				680,775
39.1 PROCEEDS OF REFUNDING BONDS					
39.2 PAYMENT TO REFUNDED BOND ESCROW AGENT					
40.0 ADVANCES FROM CITY/COUNTY	619,604				619,604
41.0 SALE OF FIXED ASSETS					
41.1 MISCELLANEOUS FINANCING SOURCES (USES)		407,559	87,746		495,305
42.0 OPERATING TRANSFERS IN	8,935,000	569,183	232,284		9,736,467
42.1 TAX INCREMENT TRANSFERS IN (LOW & MOD HOUSING FUND)					
43.0 OPERATING TRANSFERS OUT	(569,183)	(9,167,284)			(9,736,467)
43.1 TAX INCREMENT TRANSFERS OUT (TO LOW & MOD HOUSING FUND)					
TOTAL - OTHER FINANCING SOURCES (USES)	\$ 9,666,196	\$ (8,190,542)	\$ 320,030	\$	\$ 1,795,684
EXCESS (DEFICIENCY) OF REVENUES & OTHER FINANCING SOURCES OVER EXPENDITURES & OTHER FINANCING USES	\$ (1,858,102)	\$ (8,963,631)	\$ 967,695	\$	\$ (9,854,038)
46.0 EQUITY, BEGINNING OF PERIOD	12,759,226	10,433,742	\$2,335,517	\$	\$ 25,528,485
47.0 ADJUSTMENTS:					
48.0 PRIOR PERIOD ADJUSTMENTS					
49.0 RESIDUAL EQUITY TRANSFERS					
50.0 OTHER - (EXPLAIN)					
EQUITY, END OF PERIOD	\$ 10,901,124	\$ 1,470,111	\$ 3,303,212	\$	\$ 15,674,447

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

TAX ALLOCATION BONDS, REVENUE BONDS AND CERTIFICATES OF PARTICIPATION

AGENCY NAME Vista Community Development Commission

PROJECT AREA NAME #1

FISCAL YEAR ENDED June 30, 2000

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

CODING BOXES FOR CONTROLLER'S USE ONLY

INDICATE TYPE OF DEBT: TAX ALLOCATION BOND, REVENUE BOND OR CERTIFICATE OF PARTICIPATION	Tax Alloc Bond 1995	Tax Alloc Bond 1995	Tax Alloc Bond 1998	Tax Alloc Bond 1998	TOTAL
1.0 YEAR OF AUTHORIZATION					
1.1 PRINCIPAL AMOUNT AUTHORIZED	\$ 32,550,000	\$ 2,980,000	\$ 5,645,000	\$ 8,935,000	\$ 50,110,000
1.2 PRINCIPAL AMOUNT UNISSUED					
2.0 PRINCIPAL AMOUNT UNMATURID-BEGINNING OF FISCAL YEAR	32,070,000	2,890,000	5,645,000	8,935,000	49,540,000
3.0 ADJUSTMENTS MADE DURING YEAR (EXPLAIN)					
4.0 PRINCIPAL AMOUNT ISSUED DURING FISCAL YEAR					
5.0 PRINCIPAL AMOUNT MATURID DURING FISCAL YEAR	(585,000)	(50,000)	()	()	(635,000)
5.1 PRINCIPAL AMOUNT DIBREASD DURING FISCAL YEAR	()	()	()	()	()
6.0 PRINCIPAL AMOUNT UNMATURID- END OF FISCAL YEAR	\$ 31,485,000	\$ 2,840,000	\$ 5,645,000	\$ 8,935,000	\$ 48,905,000
6.1 PRINCIPAL AMOUNT IN DEFAULT					
6.2 INTEREST IN DEFAULT					

PURPOSE OF DEBT BY AUTHORIZATION	REVENUES PLEDGED AS ADDITIONAL SECURITY (SPECIFY NATURE OF REVENUES)	EXTENT PLEDGED
Defease 1992 BAN's & Capital Improvements	Tax Increment	100 %
Construct 50 Unit Senior Housing Complex	20% Housing Set-Aside	100 %
Capital Improvements	Tax Increment	100 %
Capital Improvements	Tax Increment	100 %

OTHER LONG-TERM DEBT

SCHEDULE B-RP

AGENCY NAME Vista Community Development Commission

PROJECT AREA NAME #1

FISCAL YEAR ENDED June 30, 2000

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

OTHER LONG-TERM INDEBTEDNESS	(1.0)	CITY/COUNTY		STATE		U.S.		OTHER		TOTAL
		1	6	7	8	9	A	8	9	
PRINCIPAL AMOUNT UNMATURED- BEGINNING OF FISCAL YEAR	2.0	\$	12,833,300	\$		\$		\$		\$
ADJUSTMENTS MADE DURING YEAR (EXPLAIN)	3.0									
INTEREST ADDED TO PRINCIPAL	3.1		407,559							
PRINCIPAL AMOUNT RECEIVED DURING FISCAL YEAR	4.0		1,300,379							
PRINCIPAL AMOUNT MATURED DURING FISCAL YEAR	5.0	(994,604)	()	()	()
PRINCIPAL AMOUNT UNMATURED- END OF FISCAL YEAR	6.0	\$	13,546,634	\$		\$		\$		\$

ASSESSED VALUATIONS - AND - TAX INCREMENT REVENUES

SCHEDULE D-RP

FISCAL YEAR ENDED June 30, 2000 AGENCY NAME Vista Community Development Commission
 PROJECT AREA NAME #1

ASSESSED VALUATION DATA

	A	B	C
FROZEN BASE ASSESSED VALUATION	1.0	\$ 187,602,251	
INCREMENT ASSESSED VALUATION	2.0	815,675,382	
TOTAL ASSESSED VALUATION	3.0	\$ 628,073,131	

PASS THROUGH / SCHOOL DISTRICT ASSISTANCE

AMOUNTS PAID TO TAXING AGENCIES PURSUANT TO:	H & S CODE SECTION 33401			H & S CODE SECTION 33676			H & S CODE SECTION 33607			TOTAL			OTHER PAYMENTS		
	A	B	C	A	B	C	A	B	C	D	E	F	H & S CODE SECTION 33445	H & S CODE SECTION 33445.5	
COUNTY	4.0	\$		\$			\$								
CITIES	5.0														
SCHOOL DISTRICTS	6.0	811,351							811,351						\$
COMMUNITY COLLEGE DISTRICTS	7.0	28,778							28,778						
SPECIAL DISTRICTS	8.0														
TOTAL PAID TO TAXING AGENCIES	10.0	\$ 840,129		\$			\$		\$ 840,129						\$
NET AMOUNT TO AGENCY	11.0								6,062,212						
GROSS TAX INCREMENT GENERATED	12.0								\$ 6,902,341						\$

CAPITAL IMPROVEMENT DETAIL

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

Code Section:	Code Section:		
	D	E	F
(13.0)	33401	33676	
(14.0)			
(15.0)			
(16.0)			

SUMMARY OF THE STATEMENT OF INDEBTEDNESS - Project Area

Agency Name Vista Community Development Commission

#1

Project Area Name

Types of Debts	Total Indebtedness Outstanding	
	As of 6/30/2000	
TAX ALLOCATION BOND DEBT	1	\$ 90,873,881
REVENUE BONDS	2	
OTHER LONG-TERM DEBT	3	8,548,427
CITY/COUNTY DEBT	4	13,546,634
LOW & MODERATE FUND	5	
OTHER	6	
TOTAL	7	\$ 112,968,942
AVAILABLE REVENUES	8	(583,022)
NET REQUIREMENT	9	\$ 112,385,920

Using the Statement of Indebtedness (SOI) filed on or before October 1 following the fiscal year end of this report, 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. Enter the amount listed on Line 7 from the Calculation of Available Revenues statement.

Supplement to the Annual Report of Community Redevelopment Agencies

Redevelopment Agency ID Number	95-6000478
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 1999-00 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
Jeff Little
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.

Z00	\$	292,824
------------	----	---------

B. Mortgage Revenue Bond Interest Payments

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

U20	\$	0
------------	----	---

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

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

1. Sinking funds - Reserve held for redemption of long-term debt.	W01	\$ 1,402,781
2. Bond funds - Unexpended proceeds from the sale of bond issues held pending disbursement.	W31	\$ 6,989,102
3. All other funds - Exclude employee retirement funds.	W61	\$ 6,546,462

ANNUAL REPORT OF HOUSING ACTIVITY
OF COMMUNITY REDEVELOPMENT AGENCIES
FOR FISCAL YEAR ENDED 6 / 30 / 00

Agency Name and Address:

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

County of Jurisdiction:

San Diego

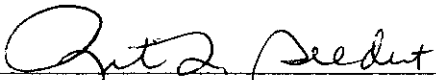
California Redevelopment law (Health and Safety Code Section 33080.1) requires agencies to annually report their housing activities and maintenance and use of the Low & Moderate Income Housing Fund (LMIHF). Pursuant to Section 33080.3, a copy of this report must be sent to the State Controller and filed with the Department of Housing and Community Development (HCD) in order for HCD to compile and annually publish a report of redevelopment agencies' housing activities in accordance with Section 33080.6.

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

1. Check one of the items below to identify the Agency's status at the end of the reporting period:
 New (Agency was formed during the reporting year but no financial transactions were completed)
 Active (Agency completed financial transactions during the reporting year)
 Inactive (Agency did not complete any financial transactions during the reporting year)
 Dismantled (Agency is dissolved)
2. How many adopted project areas did the Agency have during the reporting period? 1
If the Agency has one or more project areas, submit a separate copy of SCHEDULE HCD-A for each adopted project area.
How many project areas were merged during the reporting period? 0
If the Agency has no adopted project areas, do not submit Schedule HCD-A.
3. Did the Agency conduct any housing activity outside of adopted redevelopment project areas during the reporting period?
 Yes. Prepare and submit one copy of SCHEDULE HCD-B.
 No. Do not submit Schedule HCD-B.
4. Did the Agency have any funds in the Low & Moderate Income Housing Fund during the reporting period?
 Yes. Prepare and submit one copy of SCHEDULE HCD-C.
 No. Do not submit Schedule HCD-C.
5. During the reporting period, were housing projects completed within a project area or assisted by the agency outside a project area?
 Yes. Prepare and submit all applicable HCD Schedules D1-D7 and E1 for each housing project completed.
 No. Do not submit HCD Schedules D1-D7 or HCD Schedule E1.

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

12/12/2000
Date


Signature of Authorized Agency Representative

Rita Geldert, City Manager
Title

(760) 726-1340
Telephone Number

SCHEDULE HCD-A
Inside Project Area Activity
for Fiscal Year Ended 6 / 30 / 00

Agency Name: Vista CDC Project Area Name: Project Area 1
Preparer's Name, Title: Larry Graff, Mgmt Analyst Preparer's E-Mail Address: lgraff@ci.vista.ca.us
Preparer's Telephone No: (760) 726-1340 X1102 Preparer's Facsimile No: (760) 639-6188

General Information

1. a Year that plan for project area was adopted: 1987 Current expiration of redevelopment plan: 7 / 16 / 27
mo day yr
- b. If project area name has changed, give previous name(s) or number: N/A
- c. Year(s) project areas merged: N/A, _____, _____
Project areas merged: N/A, _____, _____
- d. Year(s) project area plan was amended and real property was:
(1) added: N/A, _____, _____
(2) removed: N/A, _____, _____

2. Project areas adopted, and areas added by amendment, after 12/31/75 are subject to section 33413. All other project areas are subject to Section 33413(a), effective 1/1/96, with respect to housing activity specified in Section 33413(d).

An agency may elect to make all or part of Section 33413 apply to a project area for which a plan was adopted before 1/1/76. If the redevelopment plan for the subject project area was adopted before 1/1/76 and the agency has elected to apply all or part of Section 33413, provide the date and scope of the resolution.

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

NOTE:

Expenditures for debt service should be reported on Schedule HCD-C, Line 4c.

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 Office's (SCO) 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% set-aside should be reported on Line 3a(3).

Other Sources: Non-GAAP (Generally Acceptable Accounting Principles) 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.

Agency Name: Vista CDC

Project Area Name: Project Area 1

Project Area Housing Fund Revenues and Other Sources

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

Enter the full 100% of gross Tax Increment allocated (prior to any pass through and deduction for fees) on Line 3a(1). Compute 20% of gross Tax Increment and enter the amount on line 3a(2). Next, report the amount of Tax Increment set-aside before any exemption and/or deferral (if amount set-aside is less than 20%, explain the difference). If any amount of Tax Increment was exempted or deferred, in addition to completing lines 3a(4) and/or 3a(5), complete Line 4 and/or Line 5. To determine the amount of Tax Increment deposited to the Housing Fund [Line 3a(6)], subtract allowable exempted [Line 3a(4)] or deferred [Line 3a(5)] amounts from the Tax Increment Allocated to Housing Fund [Line 3a(3)].

a. Tax Increment:

- (1) 100% of Gross (SCO Line 1E): \$ 6,902,341
- (2) Minimum Deposit to Housing Fund (Line 3a(1) x 20%): \$ 1,380,468
- (3) Tax Increment Allocated to Housing Fund \$1,380,468 *

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

- (4) Amount Exempted [Health & Safety Code section 33334.2] (if there is an amount exempted, also complete question #4 (HCD-A): (\$ _____)
- (5) Amount Deferred [Health & Safety Code section 33334.6] (if there is an amount deferred, also complete question #5 (HCD-A): (\$ _____)
- (6) Tax Increment Deposited to Housing Fund (actual amount deposited) [Lines 3a (3) - (4) - (5)] \$ 1,380,468

- b. Interest Income (SCO Line 5): \$ 185,476
- c. Rental/Lease Income (SCO lines 6 + 7): \$ _____
- d. Sale of Real Estate (SCO Line 8): \$ _____
- e. Grants (SCO lines 9 + 10): \$ _____
- f. Bond Administrative Fees (SCO Line 11): \$ _____
- g. Deferral Repayments (also complete Line 5c on the next page): \$ _____
- h. Loan Repayments: \$ 87,746
- i. Debt Proceeds (SCO Line 39): \$ _____
- j. Other Revenue(s) [Explain and identify amount(s)]:

Transfer from Debt Service Fund \$ 232,284

Legal Settlements \$ 8,989

_____ \$ _____

_____ \$ 241,273

k. Total Housing Fund Deposits for this Project Area (add lines 3a(6). through 3j.): \$ 1,894,963

Agency Name: Vista CDC

Project Area Name: Project Area 1

Exemption(s) N/A

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

Current Resolution # _____ Resolution Date: ____/____/____ Date Resolution with facts sent to HCD: ____/____/____
mo day yr mo day yr

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

- Section 33334.2(a)(1): No need in community to increase/improve supply of lower or moderate income housing.
- Section 33334.2(a)(2): Less than 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.

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

Date initial finding was adopted: ____/____/____ Resolution # _____ Date sent to HCD ____/____/____
mo day yr mo day yr

Other: Specify code section and reason: _____

Deferral(s) N/A

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 approved before 1986 and tax increments are needed to meet existing obligations.

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.

Date initial finding was adopted: ____/____/____ Resolution # _____ Date sent to HCD ____/____/____
mo day yr mo day yr

Other: Specify code section and reason: _____

b. When was current year finding adopted for any deferral claimed in 5.a.? ____/____/____
mo day yr

Identify Resolution # _____ Date Resolution sent to HCD: ____/____/____
mo day yr

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

Fiscal Year	Amount Deferred This Reporting FY	Amount of Prior FY Deferrals Repaid During Reporting FY	Cumulative Amount Deferred (Net of Any Amount(s) Repaid)
98/99	\$ _____	\$ _____	\$ _____
99/00	\$ _____	\$ _____	\$ * _____

** The cumulative amount of deferred set-aside should also be shown on Schedule C, Line 6b.*

If the FY 98/99 cumulative deferral shown above differs from what was reported on the last HCD report, indicate the amount of difference and the reason:

Difference: \$ _____ Reason: _____

Agency Name: Vista CDC

Project Area Name: Project Area 1

Deferral(s) (continued) N/A

5.

- d. Section 33334.6(g) requires any agency which defers set-asides to adopt a plan to eliminate the deficit in subsequent years. If this agency has deferred set-asides, has it adopted such a plan? Yes No

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

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

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

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

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

Housing Units Lost and Households Displaced

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

Income Level	Number of Households/Units/Bedrooms				
	VL	L	M	AM	Total
Households Permanently Displaced –Elderly					
Households Permanently Displaced - Non Elderly		1		1	4
Households Permanently Displaced – Total		1		1	4
Units Lost (Removed or Destroyed, and Required to be Replaced)		1			1
Bedrooms Lost (Removed or Destroyed, and Required to be Replaced)		2			2
Above Moderate Units Lost That Agency is Not Required to Replace				1	2
Above Moderate Bedrooms Lost That Agency is Not Required to Replace				2	2

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

NONE

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

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

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

Date _____ / _____ / _____ Name of Agency Custodian _____
mo day yr

Date _____ / _____ / _____ Name of Agency Custodian _____
mo day yr

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

Agency Name: Vista CDC

Project Area Name: Project Area 1

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

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

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

No.

Yes.

Total Proceeds of Sales Deposited	\$	Number of			
		Units			
Income Level		VL	L	M	Total
Number of Units					

b. Did the agency expend funds in the reporting year to make affordable an equal number of units sold within three years?

No.

Yes.

Total LMIHF Funds Expended	\$	Number of Units			
Income Level		VL	L	M	Total
FY 98-99 Sold Units Equally Made Affordable					
FY 97-98 Sold Units Equally Made Affordable					
FY 96-97 Sold Units Equally Made Affordable					

Affordable Units to be Constructed Within the Next Two Years

10. Pursuant to Section 33080.4(a)(10), report the number of very low, low, and moderate income units to be financed by any federal, state, local, or private source and constructed inside the project area, within the next two years, pursuant to an executed contract or agreement. Also include the estimated completion date of these future units and the amount of funds, if any, that have been designated and budgeted. N/A

DO NOT REPORT ANY UNITS SHOWN ON HCD-A, Line 9, HCD-B, Line 3 OR SCHEDULE HCD-Ds.

Name of Project and/or Contractor	Execution Date	Estimated Completion Date	Amount Designated [Sch C, Line 8b(3)(a)]	VL	L	M	Total
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

SCHEDULE HCD-B

Outside Project Area Activity
for Fiscal Year Ended 6 / 30 / 00

Agency Name: Vista CDC Project Area Name: Project Area 1

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

Preparer's Telephone No: (760) 726-1340 X-1102 Preparer's Facsimile No: (760) 639-6188

Housing Units Lost and Households Displaced

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

N/A

NONE

Income Level	Number of Households/Units/Bedrooms				
	VL	L	M	AM	Total
Households Permanently Displaced – Elderly					
Households Permanently Displaced - Non Elderly					
Households Permanently Displaced – Total					
Units Lost (Removed or Destroyed, and Required to be Replaced)					
Bedrooms Lost (Removed or Destroyed, and Required to be Replaced)					
Above Moderate Units Lost That Agency is Not Required to Replace					
Above Moderate Bedrooms Lost That Agency is Not Required to Replace					

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

N/A

NONE

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

c. Identify each replacement housing plan adopted that is related to permanent displacement, destruction or removal of dwelling units or bedrooms during the fiscal year and identified in paragraphs in 1a. and 1b., as follows:

N/A

Date / / Name of Agency Custodian
 mo day yr

Date / / Name of Agency Custodian
 mo day yr

Date / / Name of Agency Custodian
 mo day yr

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

Agency Name: Vista CDC

Housing Units Lost and Households Displaced (continued) N/A

2. a. As required in Section 33080.4(a)(2), estimate the type and number of households, by income category, to be permanently displaced from outside the project area during the next reporting period (Fiscal Year 1999-2001):

NONE

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

- b. Identify each replacement housing plan adopted that is related to permanent displacement, destruction or removal of dwelling units or bedrooms during the next reporting period and identified in paragraph 2a., as follows:

Date <u> </u> / <u> </u> / <u> </u> mo day yr	Name of Agency Custodian _____
Date <u> </u> / <u> </u> / <u> </u> mo day yr	Name of Agency Custodian _____
Date <u> </u> / <u> </u> / <u> </u> mo day yr	Name of Agency Custodian _____

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

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

DO NOT REPORT ANY UNITS SHOWN ON HCD-A Line 9 or 10 OR SCHEDULE HCD-Ds.

Name of Project and/or Contractor	Execution Date	Estimated Completion Date	Amount Designated (Sch-C, Line 8b(3)(a))	VL	L	M	Total
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

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

SCHEDULE HCD-C

Agency-wide Activity

for Fiscal Year Ended 6 / 30 / 00

Agency Name: Vista CDC County: San Diego

Preparer's Name, Title: Dale Nielsen Preparer's E-Mail Address: dnielsen@ci.vista.ca.us

Preparer's Telephone No. (760)639-6170 Preparer's Facsimile No: (760)639-6171

Low & Moderate Income Housing Funds

Report on the "status and use of the agency's Low and Moderate Income Housing Fund." Most information reported here should be based on that reported to the State Controller. When applicable, use <\$> for negative amounts or amounts to be subtracted.

1. **Beginning Balance** (Use "Net Resources Available" from last year's Line 4 on HCD-C) \$ 2,335,517
 - a. If Beginning Balance requires adjustment(s), identify the reason and amount for each adjustment:

	\$	
	\$	
	\$	
 - b. **Total Adjustment(s)** (indicate whether positive or <negative>)

\$ _____
 - c. **Adjusted Beginning Balance** [Beginning Balance plus + or minus <-> Total Adjustment(s)] \$ 2,335,517

2. **Project Area(s) Receipts and Agency Other Revenues**
 - a. All Project Areas. Total Housing Fund Deposits [Sum of amount(s) from Line 3k.,HCD-A(s)] \$ 1,894,963
 - b. Other revenues not reported on Schedule HCD-A(s) [Identify source(s) and amount(s)]:

	\$	
	\$	
	\$	
 - c. **Total Agency Other Revenues** \$ _____

3. **Total Resources** (Line 1c. + Line 2a + Line 2c.) \$ 4,230,480

NOTES:

Many amounts to report as Expenditures and Other Uses (beginning on the next page) should be taken from the Annual Report of Financial Transactions of Community Redevelopment Agencies that is submitted to the State Controller's Office (SCO). Line items shown on the SCO report are shown as *italicized line numbers within parenthesis (SCO Line #)* at the end of applicable HCD-C line items comprising Expenditures and Other Uses.

Transfers-out to other internal funds: Report the specific use of any transferred funds on applicable HCD-C lines 4a.-k. For example, transfers from the Housing Fund to the Debt Service Fund for the repayment of debt should be reported on the applicable item comprising Line 4c. Any transfers out of the Agency (for example: the transfer of excess surplus funds to a county Housing Authority) should be reported in line 4j(3).

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

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

4. Expenditures and Other Uses

a. <u>Acquisition of Property/Building Sites</u> [33334.2(e)(1)] & Housing Acquisition [33334.2(e)(6)]:	
(1) Real Estate Purchases (SCO Line 17)	\$ _____
(2) Acquisition Expense (SCO Line 20)	\$ <u>6,000</u>
(3) Operation of Acquired Property (SCO Line 21)	\$ <u>268,542</u>
(4) Relocation Costs (SCO Line 22)	\$ _____
(5) Relocation Payments (SCO Line 23)	\$ _____
(6) Site Clearance Costs (SCO Line 24)	\$ _____
(7) Disposal Costs (SCO Line 26)	\$ _____
(8) Other [Explain and identify amount(s)]:	\$ _____
_____	\$ _____
_____	\$ _____
(9) Subtotal Acquisition of Property/Building Sites (Sum of Lines 1 – 8)	\$ <u>274,542</u>
b. <u>Subsidies from Low and Moderate Income Housing Fund (LMIHF)</u> :	
(1) 1 st Time Homebuyer Down Payment Assistance	\$ _____
(2) Rental Subsidies	\$ <u>13,920</u>
(3) Purchase of Affordability Covenants [33413(b)2(B)]	\$ _____
(4) Other [Explain and identify amount(s)]:	\$ _____
_____	\$ _____
_____	\$ _____
(5) Subtotal Subsidies from LMIHF (Sum of Lines 1 – 4)	\$ <u>13,920</u>
c. <u>Debt Service</u> [33334.2(e)(9)]:	
(1) Debt Principal Payments	\$ _____
(a) Tax Allocation, Bonds & Notes	\$ <u>50,000</u>
(b) Revenue Bonds & Certificates of Participation	\$ _____
(c) City/County Advances & Loans	\$ _____
(d) U. S. State & Other Long-Term Debt	\$ _____
(2) Interest Expense (SCO Line 29)	\$ <u>172,905</u>
(3) Debt Issuance Costs (SCO Line 31.1)	\$ _____
(4) Other [Explain and identify amount(s)]:	\$ _____
_____	\$ _____
_____	\$ _____
(5) Subtotal Debt Service (Sum of Lines 1 – 4)	\$ <u>222,905</u>
d. <u>Planning and Administration Costs</u> [33334.3(e)(1)]:	
(1) Administration Costs (SCO Line 14c)	\$ <u>248,112</u>
(2) Professional Services (non project specific) (SCO Line 15c)	\$ <u>65,066</u>
(3) Planning, Survey/Design (non project specific) (Line 16c)	\$ _____
(4) Indirect Nonprofit Costs [33334.3(e)(1)(B)]	\$ _____
(5) Other [Explain and identify amount(s)]:	\$ _____
<u>Fixed Asset Equipment</u>	\$ <u>7,092</u>
_____	\$ _____
_____	\$ _____
(6) Subtotal Planning and Administration (Sum of Lines 1 – 5)	\$ <u>320,270</u>

Agency Name: Vista CDC

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

- e. On/Off-Site Improvements [33334.2(e)(2)] \$ _____
- f. Housing Construction [33334.2(e)(5)] \$ _____
- g. Housing Rehabilitation [33334.2(e)(7)], (Line 27c) \$ 95,631
- h. Maintenance of Mobilehome Parks [33334.2(e)(10)] \$ _____
- i. Preservation of At-Risk Units [33334.2(e)(11)] \$ _____

j. Transfers Out of Agency

- (1) For Use Outside Community (33334.17) \$ _____
- (2) For Transit Village Development Plan (33334.19) \$ _____
- (3) Excess Surplus [33334.12(a)(1)(A)] \$ _____
- (4) Other (code section authorizing the transfer and amount)
 - A. Section _____ \$ _____
 - B. Section _____ \$ _____
 - C. Section _____ \$ _____
- (5) **Subtotal Transfers Out of Agency** (Sum of Lines 1 –3 and 4A. – 4C.) \$ _____

k. Other Expenditures and Uses [Explain and identify amount(s)]:

- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

Subtotal Other Expenditures and \$ _____

Uses

1. **Total Expenditures and Other Uses** (Sum of lines 4a.-k.) \$ 927,268

5 **Net Resources Available** [End of Year] [Line 3. (Total Resources) minus Line 4.l. (above)] \$ 3,303,212

6. **Other Housing Fund Assets** (not included as part of Line 5, above)

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

g. **Total Other Housing Fund Assets** (Sum of lines 6a.-f.) \$ _____

7 **TOTAL FUND EQUITY** [Line 5 (Net Resources Available) + 6g (Total Other Hsg Fund Assets)] \$ 3,303,212

Compare Line 7 to the amount below from SCO Line 39c (Balance Sheet of Annual Report of Financial Transactions of Community Redevelopment Agencies. [Explain differences and identify amount(s)]:	
_____	\$ _____
_____	\$ _____
_____	\$ _____
ENTER AMOUNT FROM LINE 39c FROM THE SCO's BALANCE SHEET	\$ <u>3,303,212</u>

Agency Name: Vista CDC

Excess Surplus Determination

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, Line 8b.(5)] of the agency's prior year **1998/99 reporting forms** exceeds the greater of: (1) \$1,000,000 or (2) the aggregate amount of tax increment deposited into the Fund during the prior four fiscal years. [See the below Table (Line 8a.) for **this reporting year**].

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

8. **Excess Surplus:**

a. Fill in the below table to calculate and track your agency's excess surplus amount(s) for applicable fiscal years.

Fiscal Year	Total Tax Increment Deposits to Housing Fund	Sum of Tax Increment Deposits in Housing Fund in Prior Four FYs	Adjusted Balance* as of 7/1/99*	Excess Surplus Balance for Each FY as of 7/1/99	FY 99-00 Amount Expended/Encumbered Against Each FY's Excess Surplus as of 6/30/00	Remaining Excess Surplus for Each Fiscal Year as of 6/30/00
95-96	\$ 774,635			\$ 0	\$ 0	\$ 0
96-97	\$ 835,031			\$ 0	\$ 0	\$ 0
97-98	\$ 1,056,404			\$ 0	\$ 0	\$ 0
98-99	\$ 1,234,627			\$ 0	\$ 0	\$ 0
99-00	\$ 3,900,697	\$ 2,210,517		\$ 0	\$ 0	\$ 0

* Adjusted Balance at the beginning of FY 99-00 is equal to the amount reported last year on HCD-C, Line 8b(5).

b. Reporting Year End Unencumbered Balance and Excess Surplus Determination:

- (1) Net Resources Available (from Line 5 on previous page): \$ 3,303,212
- (2) Total Encumbrances (End of Year). See Section 33334.12(g)(2) for a definition. Identify the amount of Line 8b(1) that was encumbered per agreement or contract by the end of the reporting year: \$ 963,814
- (3) Unencumbered Balance (End of Year) [Line 8b(1) minus Line 8b(2)] \$ 2,339,398

Detail of Unencumbered Balance [Line 8b(3)]. No designation results in all of Line 8b(3) as undesignated

- (a) Designated Amount of Line 8b(3). Portion budgeted for intended project use \$ 1,022,117
Refer to item 10 on applicable HCD Sch-A(s) and item 3 on HCD Sch-B
- (b) Undesignated Amount of Line 8b(3). Portion not budgeted and currently available \$ 1,317,281

(4) If eligible to adjust the Unencumbered Balance (End of Year) complete the applicable Adjustment(s) below:

- (a) Debt Proceeds [33334.12(g)(3)(B)]: \$ _____

Note: Only include unspent portion of debt proceeds and related income remaining at reporting year end

- (b) Land Conveyance [Sale/Grant/Lease loss from fair market value of LMIHF acquired land, if 49% or more of built or rehabilitated units are affordable to lower-income households (33334.12(g)(3)(A))]: \$ _____

(5) **Adjusted Balance** [Line 8b(3) minus 8b(4) and 8b(5)] \$ 2,339,398

Note: Adjusted Balance is the 7/1/2000 amount to use in the calculation of next year's excess surplus

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

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

Agency Name: Vista CDC

Miscellaneous Uses of Funds N/A

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

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

10. If the agency is holding land for future housing development (refer to Line 6a), summarize the acreage (round to tenths, do not report square footage), zoning, date of purchase, and the anticipated start date for the housing development.

NONE

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

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

N/A

11. Section 33334.13 requires agencies which have used the Housing Fund to assist mortgagors in a homeownership mortgage revenue bond program, or home financing program described in that Section, to provide the following information:
- a. Has your agency used the authority related to definitions of income or family size adjustment factors provided in Section 33334.13(a)?
- Yes No Not Applicable
- b. Has the agency complied with requirements in Section 33334.13(b) related to assistance for very low-income households equal to twice that provided for above moderate-income households?
- Yes No Not Applicable

Agency Name: Vista CDC

12. Did the Agency use non-LMIHF funds as matching funds for the Federal HOME or HOPE program during the reporting period?
YES NO

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

HOME \$ _____ HOPE \$ _____

13. Pursuant to Section 33080.4(a)(11), the description of the agency's activities must include the date and amount of all LMIHF deposits and withdrawals during the reporting period. To satisfy this requirement, the Agency should keep deposit and withdrawal information on hand to be submitted, upon request, to HCD or any member of the public.

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

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

Name of document: General Ledger
Date of document: 06 / 30 / 2000
mo day yr
Name of Agency Custodian: Dale Nielsen --
Custodian telephone number: (760) 726-1340 X-1023
Where to obtain a copy: Vista City Hall

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

14. **Use of Other Redevelopment Funds for Housing**

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

The Commission uses H.O.M.E. fund for tenant based rental assistance and mobile home rehab, and uses in lieu fund for mobile home rental assistance.

15. **Suggestions/Resource Needs**

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

Training and clear directions on filling out the HCD reporting forms would be extremely helpful.

Agency Name: Vista CDC

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

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

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

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

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

AGENCY INFORMATION

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

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

- Agency Name:
- Agency Contact and Telephone Number for the Project:

DESCRIPTION

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

HISTORY

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

AGENCY ROLE AND ACHIEVEMENT

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

PROJECT ACHIEVEMENT

Project Type – REHABILITATION OF OWNER/RENTER OCCUPIED

City of Vista Community Development Commission
Contact: Lynn Brown, Housing Programs Manager (760)-639-6192

Project Name: Vistans R.O.C. (Revitalizing our Community)

Description

The intent of Vistans R.O.C. was to create a sense of community and to revitalize an entire street in the Townsite neighborhood within the City of Vista, California. Over 600 volunteers converged on the street, East Los Angeles, for one day to clean up and paint 22 homes. New landscaping and picket fences were installed for the homes of the participants. Absentee landlords contributed a fee so their homes would be included. Participants were provided lunch and dancing in the street during breaks. At the end of the day, a ribbon cutting and unveiling of a new street name (Townsite Drive) was held. A special celebration dinner with music and entertainment concluded the day. There was good TV and newspaper coverage of the event, which was scheduled for HUD's Raise the Roof Day. Three weeks after the workday, a recognition ceremony was held for all participants. Awards were presented to all volunteers with special recognition of project directors and house captains. Videos were shown of the day. Vistans R.O.C. will be an annual event with other blocks in the revitalization strategy area being chosen. As a follow up, SER Inc. and Washington Mutual are continuing to rehabilitate homes further down the street and are conducting a contest for the best exterior enhancement on two adjacent streets.

History

The VISTANS R.O.C! (Revitalizing Our Community) was the culmination of a six-year effort of revitalization of the City's run-down Townsite neighborhood that was suffering from high crime and poverty. The project's main goal was the involvement of the residents of the Townsite community in the revitalization of their own neighborhood. The six-year process involved opening up local government to residents who either historically or culturally had a mistrust for local government. Through the empowerment of the residents of the community, the neighborhood has made drastic improvement in the quality of life of the residents to include making the neighborhood safer, installing sidewalks and beautifying not only homes but a whole residential block.

Agency Role

Vistans R.O.C. had a major commitment of finances and energy from the city government. The Agency funding included \$37,714 from Set-Aside funds and \$95,382 from the Community Development Block Grant Program. Agency staff organized, coordinated, and implemented the entire program from its inception through completion. In addition, the City donated time from other departments to steam clean sidewalks, remove trees and make general improvements to the neighborhood. The Project has received a HUD Best Practices Award and the Helan Putnam Award.

Measurable Results

- ◆ The most important result from Vistans R.O.C. was the incredible spirit and sense of community of all of the participants of the day. The day was like an old-fashioned barn raising and the same type of community spirit was alive and well in Vista on October 16.

- ◆ The entire four-block street has changed. The street is a main thoroughfare through the city so people from other neighborhoods can see the change. Their perspective of the whole neighborhood has been upgraded.
- ◆ Twenty-two houses look great!!! The white picket fences remain graffiti free. Other residents in the neighborhood are trying to improve their houses. This street had a very large percentage of renters, which added to the challenge of making changes. The City's renter-buyer program is being offered and some renters are looking at buying their houses.
- ◆ The street has a new name as requested by the local community based development organization.

External Partners and Contributions

Washington Mutual Bank awarded \$50,000 to SER, Inc. (a nonprofit housing organization) for what originally was Project Impact to provide exterior enhancement of a block in a low-income neighborhood. The award was dependent on a matching grant from the City.

- ◆ Home Base, Vista Paint, EDCO Waste and Recycling Services were major partners and contributors providing materials and discounted services.
- ◆ Alpha Project for the Homeless, a substance abuse rehabilitation program, provided program graduates for most of the house captain jobs and sponsored a house.
- ◆ Vista Townsite Community Partnership, the community based development organization in the community where the project took place, provided volunteer coordination and outreach to residents, homeowners, and tenants.
- ◆ Schools, businesses and churches sponsored a house and provided volunteers.
- ◆ Over 850 Vista citizens provided ten hours of hard labor and enthusiasm.

Materials Created That Can Be Shared

Posters, newspaper articles, press releases, award plaques, videos of event and awards presentation. A step by step manual is available from consultant that worked with the project.

**SCHEDULE HCD-D1
GENERAL PROJECT INFORMATION**

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

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Project Area #1

Housing Project Name: Casa Base

Project Address:

Street: 975-983 Postal Way City: Vista ZIP: 92083

Owner Name: Alpha Project

Total Project Units: # 12 Restricted Units: # 12 Unrestricted Units: # 0

Total Project Bedrooms: # n/a Restricted Bedrooms: # n/a Unrestricted Bedrooms: # n/a

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

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(2)]? YES NO

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

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

Number of units restricted for special needs: (Number must not exceed "Total Project Units") # 12

Number of units restricted that are serving one or more Special Needs: # 12 Check, if data not available

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

# <u> </u> DISABLED (Mental)	# <u> </u> FARMWORKER (Permanent)	# <u>12</u> TRANSITIONAL HOUSING
# <u> </u> DISABLED (Physical)	# <u> </u> FEMALE HEAD OF HOUSHOLD	# <u> </u> ELDERLY
# <u> </u> FARMWORKER (Migrant)	# <u> </u> LARGE FAMILY (4 or more Bedrooms)	# <u> </u> EMERGENCY SHELTERS (allowable use <u>only</u> with "Other Housing Units Provided - Without LMIHF" Sch-D6)

Use Restriction Dates (enter appropriate dates):

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception				7/31/98	
Termination				7/31/53	

Funding Sources:

Redevelopment Funds: \$ 350,000
 Federal Funds: \$ 700,000
 State Funds: \$
 Other Local Funds: \$
 Private Funds: \$
 Owner's Equity: \$
 TCAC/Federal Award: \$
 TCAC/State Award: \$
 Total Development/Purchase Cost: \$ 1,050,000

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

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

SCHEDULE HCD-D5

OTHER HOUSING UNITS PROVIDED (WITH LMIHF)

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Project Area #1

Affordable Housing Project Name: Casa Base

Check only one:

Inside Project Area Outside Project Area

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

Agency Developed Non-Agency Developed

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

Rental Owner-Occupied

Enter the number of units for each applicable activity below:

A. **New Construction Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

B. **Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

D. **Acquisition Only:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

Agency Name: Vista Community Development
Commission

Housing Project Name: Casa Base

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

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

H. Subsidy (other than specified options here):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

I. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
					12			12					12	

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

12

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

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

Replacement Housing Units
(Sch HCD-D2)

Inclusionary Units:

Inside Project Area (Sch HCD-D3)

Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:

Without LMIHF (Sch HCD-D6)

Without any Agency Assistance
(Sch HCD-D7)

**SCHEDULE HCD-D1
GENERAL PROJECT INFORMATION**

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

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Nettleton Road Apartments

Project Address:

Street: 160 Nettleton Road City: Vista ZIP: 92083

Owner Name: Nettleton Road Housing Associates (Community Housing of North county)

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

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

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

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(2)]? YES NO

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

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

Number of units restricted for special needs: (Number must not exceed "Total Project Units") # 20

Number of units restricted that are serving one or more Special Needs: # 20 Check, if data not available

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

# <u> </u> DISABLED (Mental)	# <u> </u> FARMWORKER (Permanent)	# <u>10</u> TRANSITIONAL HOUSING
# <u>2</u> DISABLED (Physical)	# <u> </u> FEMALE HEAD OF HOUSHOLD	# <u> </u> ELDERLY
# <u> </u> FARMWORKER (Migrant)	# <u>8</u> LARGE FAMILY (4 or more Bedrooms)	# <u> </u> EMERGENCY SHELTERS (allowable use <u>only</u> with "Other Housing Units Provided - Without LMIHF" Sch-D6)

Use Restriction Dates (enter appropriate dates):

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

Funding Sources:

Redevelopment Funds: \$ 1,516,012
 Federal Funds: \$ 299,000
 State Funds: \$
 Other Local Funds: \$
 Private Funds: \$ 60,000
 Owner's Equity: \$ 100
 TCAC/Federal Award: \$ 2,735,700
 TCAC/State Award: \$
 Total Development/Purchase Cost: \$ 4,610,812

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

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

SCHEDULE HCD-D5

OTHER HOUSING UNITS PROVIDED (WITH LMIHF)

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Nettleton Road Apartments

Check only one:

Inside Project Area Outside Project Area

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

Agency Developed Non-Agency Developed

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

Rental Owner-Occupied

Enter the number of units for each applicable activity below:

A. **New Construction Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
					28			28		28			28	

B. **Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

D. **Acquisition Only:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

Agency Name: Vista Community Development Commission Housing Project Name: Nettleton Road Apartments

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

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

H. Subsidy (other than specified options here):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

I. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

28

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

- Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:
- | | | |
|---|--|---|
| <input type="checkbox"/> Replacement Housing Units (Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units: | <input type="checkbox"/> Other Housing Units Provided: |
| | <input type="checkbox"/> Inside Project Area (Sch HCD-D3) | <input type="checkbox"/> Without LMIHF (Sch HCD-D6) |
| | <input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input type="checkbox"/> Without any Agency Assistance (Sch HCD-D7) |

**SCHEDULE HCD-D1
GENERAL PROJECT INFORMATION**

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

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Cedar Road Apartments

Project Address:

Street: 245 Cedar Road City: Vista ZIP: 92083

Owner Name: Cedar Road Associates

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

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

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

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(2)]? YES NO

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

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

Number of units restricted for special needs: (Number must not exceed "Total Project Units") # 12

Number of units restricted that are serving one or more Special Needs: # 12 Check, if data not available

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

# <u> </u> DISABLED (Mental)	# <u> </u> FARMWORKER (Permanent)	# <u>12</u> TRANSITIONAL HOUSING
# <u> </u> DISABLED (Physical)	# <u> </u> FEMALE HEAD OF HOUSHOLD	# <u> </u> ELDERLY
# <u> </u> FARMWORKER (Migrant)	# <u> </u> LARGE FAMILY (4 or more Bedrooms)	# <u> </u> EMERGENCY SHELTERS (allowable use <u>only</u> with "Other Housing Units Provided - Without LMIHF" Sch-D6)

Use Restriction Dates (enter appropriate dates):

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

Funding Sources:

Redevelopment Funds: \$ 376,435
 Federal Funds: \$ 1,000,000
 State Funds: \$ 2,346,005
 Other Local Funds: \$ 50,868
 Private Funds: \$ 846,793
 Owner's Equity: \$
 TCAC/Federal Award: \$
 TCAC/State Award: \$
 Total Development/Purchase Cost: \$ 4,620,101

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

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

SCHEDULE HCD-D5

OTHER HOUSING UNITS PROVIDED (WITH LMIHF)

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Cedar Road Apartments

Check only one:

Inside Project Area Outside Project Area

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

Agency Developed Non-Agency Developed

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

Rental Owner-Occupied

Enter the number of units for each applicable activity below:

A. **New Construction Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
					40			40					40	

B. **Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

D. **Acquisition Only:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

Agency Name: Vista Community Development Housing Project Name: Cedar Road Apartments
 Commission

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

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

H. Subsidy (other than specified options here):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

I. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

40

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

- Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:
- | | | |
|--|---|---|
| <input type="checkbox"/> Replacement Housing Units
(Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:
<input type="checkbox"/> Inside Project Area (Sch HCD-D3)
<input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input type="checkbox"/> Other Housing Units Provided:
<input type="checkbox"/> Without LMIHF (Sch HCD-D6)
<input type="checkbox"/> Without any Agency Assistance
(Sch HCD-D7) |
|--|---|---|

**SCHEDULE HCD-D1
GENERAL PROJECT INFORMATION**

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

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Vista Manor Mobile Home Park

Project Address:

Street: 200 Olive Avenue City: Vista ZIP: 92083

Owner Name: Caritas of Vista

Total Project Units: # 159 Restricted Units: # 120 Unrestricted Units: # 39

Total Project Bedrooms: # n/a Restricted Bedrooms: # n/a Unrestricted Bedrooms: # n/a

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

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(2)]? YES NO

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

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

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

Number of units restricted that are serving one or more Special Needs: # 0 Check, if data not available

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

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

Use Restriction Dates (enter appropriate dates):

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

Funding Sources:

Redevelopment Funds: \$ 550,000
 Federal Funds: \$ _____
 State Funds: \$ _____
 Other Local Funds: \$ _____
 Private Funds: \$ 6,365,000
 Owner's Equity: \$ _____
 TCAC/Federal Award: \$ _____
 TCAC/State Award: \$ _____
 Total Development/Purchase Cost: \$ 6,915,000

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

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

SCHEDULE HCD-D5

OTHER HOUSING UNITS PROVIDED (WITH LMIHF)

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Vista Manor Mobile Home Park

Check only one:

Inside Project Area Outside Project Area

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

Agency Developed Non-Agency Developed

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

Rental Owner-Occupied

Enter the number of units for each applicable activity below:

A. **New Construction Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

B. **Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

D. **Acquisition Only:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
					32	88		120	39	32	88		120	

Agency Name: Vista Community Development Commission Housing Project Name: Vista Manor Mobile Home Park

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

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

H. Subsidy (other than specified options here):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

I. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

120

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

- Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:
- | | | |
|--|--|---|
| <input type="checkbox"/> Replacement Housing Units
(Sch HCD-D2) | Inclusionary Units:
<input type="checkbox"/> Inside Project Area (Sch HCD-D3)
<input type="checkbox"/> Outside Project Area (Sch HCD-D4) | Other Housing Units Provided:
<input checked="" type="checkbox"/> Without LMIHF (Sch HCD-D6)
<input type="checkbox"/> Without any Agency Assistance
(Sch HCD-D7) |
|--|--|---|

SCHEDULE HCD-D6

OTHER HOUSING UNITS PROVIDED (WITHOUT LMIHF)

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Vista Manor Mobile Home Park

Check only one:

Inside Project Area Outside Project Area

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

Agency Developed Non-Agency Developed

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

Rental Owner-Occupied

Enter the number of units for each applicable activity below:

A. **New Construction Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

B. **Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

D. **Acquisition Only:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
								39					39	

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

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

J. Subsidy (other than specified options here):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

K. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

39

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

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

Replacement Housing Units (Sch HCD-D2)

Inclusionary Units:

Inside Project Area (Sch HCD-D3)

Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:

With LMIHF (Sch HCD-D5)

Without any Agency Assistance (Sch HCD-D7)

SCHEDULE HCD-D1

GENERAL PROJECT INFORMATION

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

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Estrella de Oro Mobilehome Park

Project Address:

Street: 220 Camino Corto City: Vista ZIP: 92083

Owner Name: Caritas Affiliated #2

Total Project Units: # 107 Restricted Units: # 22 Unrestricted Units: # 85

Total Project Bedrooms: # n/a Restricted Bedrooms: # n/a Unrestricted Bedrooms: # n/a

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

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(2)]? YES NO

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

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

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

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

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

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

Use Restriction Dates (enter appropriate dates):

	Replacement Housing Units	Inclusionary Housing Units		Other Housing Units Provided	
		Inside Project Area	Outside Project Area	With LMIHF	Without LMIHF
Inception					
Termination					2/1/98 2/1/28

Funding Sources:

Redevelopment Funds: \$ _____
 Federal Funds: \$ _____
 State Funds: \$ _____
 Other Local Funds: \$ _____
 Private Funds: \$ 4,085,000
 Owner's Equity: \$ _____
 TCAC/Federal Award: \$ _____
 TCAC/State Award: \$ _____
 Total Development/Purchase Cost: \$ 4,085,000

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

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

SCHEDULE HCD-D5

OTHER HOUSING UNITS PROVIDED (WITH LMIHF)

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Estrella de Oro Mobilehome Park

Check only one:

Inside Project Area Outside Project Area

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

Agency Developed Non-Agency Developed

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

Rental Owner-Occupied

Enter the number of units for each applicable activity below:

A. New Construction Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

B. Substantial Rehabilitation Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

C. Other Non-Substantial Rehabilitation Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

D. Acquisition Only:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

E. Mobilehome Owner / Resident:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

F. Mobilehome Park Owner / Resident:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
					22			22		22			22	

Agency Name: Vista Community Development Commission

Housing Project Name: Estrella de Oro Mobilehome Park

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

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

H. Subsidy (other than specified options here):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

I. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

22

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

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

Replacement Housing Units
(Sch HCD-D2)

Inclusionary Units:
 Inside Project Area (Sch HCD-D3)
 Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:
 Without LMIHF (Sch HCD-D6)
 Without any Agency Assistance
(Sch HCD-D7)

SCHEDULE HCD-D6

OTHER HOUSING UNITS PROVIDED (WITHOUT LMIHF)

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Estrella de Oro Mobilehome Park

Check only one:

Inside Project Area Outside Project Area

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

Agency Developed Non-Agency Developed

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

Rental Owner-Occupied

Enter the number of units for each applicable activity below:

A. **New Construction Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

B. **Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

D. **Acquisition Only:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
								85					85	

SCHEDULE HCD-D6

OTHER HOUSING UNITS PROVIDED (WITHOUT LMIHF) (continued)

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

J. Subsidy (other than specified options here):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

K. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

85

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

- Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:
- | | | |
|---|--|---|
| <input type="checkbox"/> Replacement Housing Units (Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units: | <input type="checkbox"/> Other Housing Units Provided: |
| | <input type="checkbox"/> Inside Project Area (Sch HCD-D3) | <input checked="" type="checkbox"/> With LMIHF (Sch HCD-D5) |
| | <input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input type="checkbox"/> Without any Agency Assistance (Sch HCD-D7) |

**SCHEDULE HCD-D1
GENERAL PROJECT INFORMATION**

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

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Vista Hidden Valley Apartments

Project Address:

Street: 777 Anns Way City: Vista ZIP: 92083

Owner Name: Vista Hidden Valley Associates

Total Project Units: # 50 Restricted Units: # 10 Unrestricted Units: # 40

Total Project Bedrooms: # 58 Restricted Bedrooms: # 12 Unrestricted Bedrooms: # 46

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

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(2)]? YES NO

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

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

Number of units restricted for special needs: (Number must not exceed "Total Project Units") # 49

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

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

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

Use Restriction Dates (enter appropriate dates):

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

Funding Sources:

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

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

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

SCHEDULE HCD-D5

OTHER HOUSING UNITS PROVIDED (WITH LMIHF)

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Vista Hidden Valley Apartments

Check only one:

Inside Project Area Outside Project Area

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

Agency Developed Non-Agency Developed

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

Rental Owner-Occupied

Enter the number of units for each applicable activity below:

A. **New Construction Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
10			10							10			10	

B. **Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

D. **Acquisition Only:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

Agency Name: Vista Community Development
Commission

Housing Project Name: Vista Hidden Valley
Apartments

SCHEDULE HCD-D5

OTHER HOUSING UNITS PROVIDED (WITH LMIHF) (continued)

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

H. Subsidy (other than specified options here):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

I. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

10

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

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

Replacement Housing Units
(Sch HCD-D2)

Inclusionary Units:

Inside Project Area (Sch HCD-D3)

Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:

Without LMIHF (Sch HCD-D6)

Without any Agency Assistance
(Sch HCD-D7)

SCHEDULE HCD-D6

OTHER HOUSING UNITS PROVIDED (WITHOUT LMIHF)

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Vista Hidden Valley Apartments

Check only one:

Inside Project Area Outside Project Area

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

Agency Developed Non-Agency Developed

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

Rental Owner-Occupied

Enter the number of units for each applicable activity below:

A. New Construction Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
			39					1					40	

B. Substantial Rehabilitation Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

C. Other Non-Substantial Rehabilitation Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

D. Acquisition Only:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

E. Mobilehome Owner / Resident:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

F. Mobilehome Park Owner / Resident:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

Agency Name: Vista Community Development Commission

Housing Project Name: Vista Hidden Valley Apartments

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

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

J. Subsidy (other than specified options here):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

K. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

40

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

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

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

**SCHEDULE HCD-D1
GENERAL PROJECT INFORMATION**

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

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: (Shadowridge II) Rancho Hills Apartments

Project Address:

Street: 915 Brooktree Lane City: Vista ZIP: 92083

Owner Name: LBK, LP, a Delaware Limited Partnership

Total Project Units: # 148 Restricted Units: # 30 Unrestricted Units: # 118

Total Project Bedrooms: # 240 Restricted Bedrooms: # n/a Unrestricted Bedrooms: # n/a

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

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(2)]? YES NO

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

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

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

Number of units restricted that are serving one or more Special Needs: # 0 Check, if data not available

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

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

Use Restriction Dates (enter appropriate dates):

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

Funding Sources:

Redevelopment Funds: \$ _____
 Federal Funds: \$ _____
 State Funds: \$ _____
 Other Local Funds: \$ _____
 Private Funds: \$ 8,640,000
 Owner's Equity: \$ _____
 TCAC/Federal Award: \$ _____
 TCAC/State Award: \$ _____
 Total Development/Purchase Cost: \$ 8,640,000

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

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

SCHEDULE HCD-D5

OTHER HOUSING UNITS PROVIDED (WITH LMIHF)

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: (Shadowridge II) Rancho Hills Apartments

Check only one:

Inside Project Area Outside Project Area

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

Agency Developed Non-Agency Developed

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

Rental Owner-Occupied

Enter the number of units for each applicable activity below:

A. New Construction Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

B. Substantial Rehabilitation Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

C. Other Non-Substantial Rehabilitation Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

D. Acquisition Only:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

E. Mobilehome Owner / Resident:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

F. Mobilehome Park Owner / Resident:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

Agency Name: Vista Community Development Commission

Housing Project Name: (Shadowridge II) Rancho Hills Apartments

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

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

H. Subsidy (other than specified options here):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

I. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
						30		30			30		30	

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

30

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

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

Replacement Housing Units
(Sch HCD-D2)

Inclusionary Units:

Inside Project Area (Sch HCD-D3)

Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:

Without LMIHF (Sch HCD-D6)

Without any Agency Assistance
(Sch HCD-D7)

SCHEDULE HCD-D6

OTHER HOUSING UNITS PROVIDED (WITHOUT LMIHF)

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: (Shadowridge II) Rancho Hills Apartments

Check only one:

Inside Project Area Outside Project Area

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

Agency Developed Non-Agency Developed

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

Rental Owner-Occupied

Enter the number of units for each applicable activity below:

A. New Construction Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

B. Substantial Rehabilitation Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

C. Other Non-Substantial Rehabilitation Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

D. Acquisition Only:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

E. Mobilehome Owner / Resident:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

F. Mobilehome Park Owner / Resident:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

Agency Name: Vista Community Development Commission

Housing Project Name: (Shadowridge II) Rancho Hills Apartments

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

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

J. Subsidy (other than specified options here):

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

K. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
								118					118	

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

118

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

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

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

**SCHEDULE HCD-D1
GENERAL PROJECT INFORMATION**

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

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Vista Hacienda Apartments

Project Address:

Street: 365 Pomelo Drive City: Vista ZIP: 92083

Owner Name: American Assets Inc.

Total Project Units: # 460 Restricted Units: # 92 Unrestricted Units: # 368

Total Project Bedrooms: # 763 Restricted Bedrooms: # n/a Unrestricted Bedrooms: # n/a

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

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(2)]? YES NO

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

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

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

Number of units restricted that are serving one or more Special Needs: # 0 Check, if data not available

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

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

Use Restriction Dates (enter appropriate dates):

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

Funding Sources:

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

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

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

SCHEDULE HCD-D5

OTHER HOUSING UNITS PROVIDED (WITH LMIHF)

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Vista Hacienda Apartments

Check only one:

Inside Project Area Outside Project Area

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

Agency Developed Non-Agency Developed

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

Rental Owner-Occupied

Enter the number of units for each applicable activity below:

A. **New Construction Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

B. **Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

D. **Acquisition Only:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

Agency Name: Vista Community Development
Commission

Housing Project Name: Vista Hacienda Apartments

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

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

H. Subsidy (other than specified options here):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

I. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
						92		92			92		92	

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

92

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

- Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:**
- | | | |
|---|---|--|
| <input type="checkbox"/> Replacement Housing Units (Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:
<input type="checkbox"/> Inside Project Area (Sch HCD-D3)
<input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input checked="" type="checkbox"/> Other Housing Units Provided:
<input checked="" type="checkbox"/> Without LMIHF (Sch HCD-D6)
<input type="checkbox"/> Without any Agency Assistance (Sch HCD-D7) |
|---|---|--|

SCHEDULE HCD-D6

OTHER HOUSING UNITS PROVIDED (WITHOUT LMIHF)

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Vista Hacienda Apartments

Check only one:

Inside Project Area Outside Project Area

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

Agency Developed Non-Agency Developed

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

Rental Owner-Occupied

Enter the number of units for each applicable activity below:

A. **New Construction Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

B. **Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

D. **Acquisition Only:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

Agency Name: Vista Community Development Commission

Housing Project Name: Vista Hacienda Apartments

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

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

J. Subsidy (other than specified options here):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

K. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
								368					368	

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

368

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

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

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

SCHEDULE HCD-D1

GENERAL PROJECT INFORMATION

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

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Pepperwood Apartments

Project Address:

Street: 2144 University Drive City: Vista ZIP: 92083

Owner Name: BLI Partnership No. 2

Total Project Units: # 246 Restricted Units: # 49 Unrestricted Units: # 197

Total Project Bedrooms: # 316 Restricted Bedrooms: # n/a Unrestricted Bedrooms: # n/a

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

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(2)]? YES NO

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

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

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

Number of units restricted that are serving one or more Special Needs: # 0 Check, if data not available

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

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

Use Restriction Dates (enter appropriate dates):

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

Funding Sources:

Redevelopment Funds: \$ _____
 Federal Funds: \$ _____
 State Funds: \$ _____
 Other Local Funds: \$ _____
 Private Funds: \$ 7,500,000
 Owner's Equity: \$ _____
 TCAC/Federal Award: \$ _____
 TCAC/State Award: \$ _____
 Total Development/Purchase Cost: \$ 7,500,000

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

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

SCHEDULE HCD-D5

OTHER HOUSING UNITS PROVIDED (WITH LMIHF)

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Pepperwood Apartments

Check only one:

Inside Project Area Outside Project Area

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

Agency Developed Non-Agency Developed

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

Rental Owner-Occupied

Enter the number of units for each applicable activity below:

A. **New Construction Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

B. **Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

D. **Acquisition Only:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

Agency Name: Vista Community Development
Commission

Housing Project Name: Pepperwood Apartments

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

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

H. Subsidy (other than specified options here):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

I. Other Assistance:

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

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

49

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

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

Replacement Housing Units
(Sch HCD-D2)

Inclusionary Units:

Inside Project Area (Sch HCD-D3)

Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:

Without LMIHF (Sch HCD-D6)

Without any Agency Assistance
(Sch HCD-D7)

SCHEDULE HCD-D6

OTHER HOUSING UNITS PROVIDED (WITHOUT LMIHF)

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Pepperwood Apartments

Check only one:

Inside Project Area Outside Project Area

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

Agency Developed Non-Agency Developed

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

Rental Owner-Occupied

Enter the number of units for each applicable activity below:

A. **New Construction Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

B. **Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

D. **Acquisition Only:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

J. Subsidy (other than specified options here):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

K. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
								197					197	

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

197

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

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

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

SCHEDULE HCD-D1

GENERAL PROJECT INFORMATION

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

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Mortgage Credit Certificate (MCC)

Project Address:

Street: Citywide City: Vista ZIP: 92083 and 92084

Owner Name: See attached list

Total Project Units: # 9 Restricted Units: # n/a Unrestricted Units: # 9

Total Project Bedrooms: # 21 Restricted Bedrooms: # n/a Unrestricted Bedrooms: # 21

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

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(2)]? YES NO

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

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

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

Number of units restricted that are serving one or more Special Needs: # 0 Check, if data not available

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

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

Use Restriction Dates (enter appropriate dates): n/a

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

Funding Sources:

Redevelopment Funds: \$ _____
 Federal Funds: \$ _____
 State Funds: \$ _____
 Other Local Funds: \$ _____
 Private Funds: \$ _____
 Owner's Equity: \$ _____
 TCAC/Federal Award: \$ _____
 TCAC/State Award: \$ _____
 Total Development/Purchase Cost: \$ n/a - individual owner tax credit

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

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

MORTGAGE CREDIT CERTIFICATE ISSUANCE FY 99/00

	Issue Date	Address	Bedrooms	Income	Name
1	7/6/99	338 Peters Drive	3	Mod	MacAdam
2	7/6/99	335 Forest Place	2	Low	Martinez
3	7/26/99	1744 Promenade Dir	3	Mod	Richardson
4	7/26/99	730 Breezehill #295	1	Low	Levine
5	3/29/00	823 Warmlands	4	Mod	Gates
6	5/18/00	980 Lupine Hills Dr. #81	1	Mod	Garcia
7	6/13/00	632 Via Santa Cruz	2	Mod	Tourtillotte
8	6/27/00	237 Diamond Way #104	2	Mod	Jacka
9	6/28/00	363-G N. Melrose Dr.	3	Mod	Morrisette

SCHEDULE HCD-D6

OTHER HOUSING UNITS PROVIDED (WITHOUT LMIHF)

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Mortgage Credit Certificate

Check only one:

Inside Project Area Outside Project Area

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

Agency Developed Non-Agency Developed

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

Rental Owner-Occupied

Enter the number of units for each applicable activity below:

A. **New Construction Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

B. **Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

D. **Acquisition Only:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
						2	7	9			2	7	9	

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

J. Subsidy (other than specified options here):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

K. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

9

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

- Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:
- | | | |
|--|---|--|
| <input type="checkbox"/> Replacement Housing Units
(Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units:
<input type="checkbox"/> Inside Project Area (Sch HCD-D3)
<input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input type="checkbox"/> Other Housing Units Provided:
<input type="checkbox"/> With LMIHF (Sch HCD-D5)
<input type="checkbox"/> Without any Agency Assistance
(Sch HCD-D7) |
|--|---|--|

**SCHEDULE HCD-D1
GENERAL PROJECT INFORMATION**

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

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: HOME Tenant Based Rental Assistance

Project Address:

Street: Citywide City: Vista ZIP: 92083 and 92084

Owner Name: n/a

Total Project Units: # 60 Restricted Units: # 60 Unrestricted Units: # n/a

Total Project Bedrooms: # n/a Restricted Bedrooms: # n/a Unrestricted Bedrooms: # n/a

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

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(2)]? YES NO

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

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

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

Number of units restricted that are serving one or more Special Needs: # 0 Check, if data not available

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

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

Use Restriction Dates (enter appropriate dates): n/a

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

Funding Sources:

Redevelopment Funds: \$
 Federal Funds: \$ 194,314
 State Funds: \$
 Other Local Funds: \$
 Private Funds: \$
 Owner's Equity: \$
 TCAC/Federal Award: \$
 TCAC/State Award: \$
 Total Development/Purchase Cost: \$ 194,314

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

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

SCHEDULE HCD-D6

OTHER HOUSING UNITS PROVIDED (WITHOUT LMIHF)

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": _____

Affordable Housing Project Name: HOME Tenant Based Rental Assistance

Check only one:

- Inside Project Area Outside Project Area

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

- Agency Developed Non-Agency Developed

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

- Rental Owner-Occupied

Enter the number of units for each applicable activity below:

A. New Construction Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

B. Substantial Rehabilitation Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

C. Other Non-Substantial Rehabilitation Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

D. Acquisition Only:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

E. Mobilehome Owner / Resident:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

F. Mobilehome Park Owner / Resident:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

J. Subsidy (other than specified options here):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													60	

K. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

60

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

- Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:
- | | | |
|---|--|---|
| <input type="checkbox"/> Replacement Housing Units (Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units: | <input type="checkbox"/> Other Housing Units Provided: |
| | <input type="checkbox"/> Inside Project Area (Sch HCD-D3) | <input type="checkbox"/> With LMIHF (Sch HCD-D5) |
| | <input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input type="checkbox"/> Without any Agency Assistance (Sch HCD-D7) |

**SCHEDULE HCD-D1
GENERAL PROJECT INFORMATION**

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

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: City of Vista Mobile Home Rental Assistance

Project Address:

Street: Citywide City: Vista ZIP: 92083 & 92084

Owner Name: n/a

Total Project Units: # 100 Restricted Units: # 100 Unrestricted Units: # 0

Total Project Bedrooms: # n/a Restricted Bedrooms: # n/a Unrestricted Bedrooms: # n/a

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

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(2)]? YES NO

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

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

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

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

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

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

Use Restriction Dates (enter appropriate dates): n/a

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

Funding Sources:

Redevelopment Funds: \$ _____
 Federal Funds: \$ _____
 State Funds: \$ _____
 Other Local Funds: \$ 56,050
 Private Funds: \$ _____
 Owner's Equity: \$ _____
 TCAC/Federal Award: \$ _____
 TCAC/State Award: \$ _____
 Total Development/Purchase Cost: \$ 56,050

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

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

SCHEDULE HCD-D6

OTHER HOUSING UNITS PROVIDED (WITHOUT LMIHF)

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Mobile Home Rental Assistance

Check only one:

Inside Project Area Outside Project Area

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

Agency Developed Non-Agency Developed

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

Rental Owner-Occupied

Enter the number of units for each applicable activity below:

A. New Construction Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

B. Substantial Rehabilitation Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

C. Other Non-Substantial Rehabilitation Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

D. Acquisition Only:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

E. Mobilehome Owner / Resident:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
					100			100		100			100	

F. Mobilehome Park Owner / Resident:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

J. Subsidy (other than specified options here):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

K. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

100

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

- Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:
- | | | |
|---|--|---|
| <input type="checkbox"/> Replacement Housing Units (Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units: | <input type="checkbox"/> Other Housing Units Provided: |
| | <input type="checkbox"/> Inside Project Area (Sch HCD-D3) | <input type="checkbox"/> With LMIHF (Sch HCD-D5) |
| | <input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input type="checkbox"/> Without any Agency Assistance (Sch HCD-D7) |

SCHEDULE HCD-D1

GENERAL PROJECT INFORMATION

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

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Mobilehome Rehabilitation

Project Address:

Street: _____ City: _____ ZIP: _____
(9) Addresses, see attached list

Owner Name: (9) owners, see attached list

Total Project Units: # 9 Restricted Units: # 9 Unrestricted Units: # 0

Total Project Bedrooms: # 19 Restricted Bedrooms: # 19 Unrestricted Bedrooms: # 0

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

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(2)]? YES NO

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

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

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

Number of units restricted that are serving one or more Special Needs: # 0 Check, if data not available

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

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

Use Restriction Dates (enter appropriate dates):

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

Funding Sources:

Redevelopment Funds: \$ _____
 Federal Funds: \$ 112,659
 State Funds: \$ _____
 Other Local Funds: \$ _____
 Private Funds: \$ _____
 Owner's Equity: \$ _____
 TCAC/Federal Award: \$ _____
 TCAC/State Award: \$ _____
 Total Development/Purchase Cost: \$ 112,659

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

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

	\$	Street Address	City	Zip	Owner Name	Restriction Dates	
	Funding					Inception	Termination
1	7,880	1333 Olive Ave. #80	Vista	92083	Edward & Willa Cremer	10/22/99	10/21/01
2	13,123	1600 E Vista Way #75	Vista	92084	Omar & Grace Ernst	5/22/00	5/21/02
3	10,000	400 N. Melrose #56	Vista	92083	Shirley Green	10/22/99	10/21/01
4	6,650	1506 Oak Dr #52	Vista	92084	Alice McDonald	12/8/99	12/7/01
5	9,975	1010 E Bobier #50	Vista	92084	Alice Messmer	5/23/00	5/22/02
6	16,840	1333 Olive Ave #82	Vista	92083	Joy Metzener	11/30/99	11/29/01
7	15,433	1506 Oak Dr #63	Vista	92084	Victor & Verta Moen	3/21/00	3/20/02
8	9,963	400 N. Melrose #38	Vista	92083	Wilma Strandberg	1/18/00	1/17/02
9	22,795	400 N. Melrose #46	Vista	92083	Linda Thompson	9/1/99	8/31/01
	112,659						

SCHEDULE HCD-D6

OTHER HOUSING UNITS PROVIDED (WITHOUT LMIHF)

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Mobilehome Rehabilitation

Check only one:

Inside Project Area Outside Project Area

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

Agency Developed Non-Agency Developed

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

Rental Owner-Occupied

Enter the number of units for each applicable activity below:

A. **New Construction Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

B. **Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

D. **Acquisition Only:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
	3		3			6		6			9		9	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

Agency Name: Vista Community Development Commission

Housing Project Name: Mobilehome Rehabilitation

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

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

J. Subsidy (other than specified options here):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

K. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

9

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

- Check all appropriate form(s) listed below that will be used to identify remaining Project Units to be reported:
- | | | |
|---|--|---|
| <input type="checkbox"/> Replacement Housing Units (Sch HCD-D2) | <input type="checkbox"/> Inclusionary Units: | <input type="checkbox"/> Other Housing Units Provided: |
| | <input type="checkbox"/> Inside Project Area (Sch HCD-D3) | <input type="checkbox"/> With LMIHF (Sch HCD-D5) |
| | <input type="checkbox"/> Outside Project Area (Sch HCD-D4) | <input type="checkbox"/> Without any Agency Assistance (Sch HCD-D7) |

**SCHEDULE HCD-D1
GENERAL PROJECT INFORMATION**

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

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Single Family Housing Rehabilitation

Project Address:

Street: _____ City: _____ ZIP: _____
(4) addresses, see attached list

Owner Name: (4) owners, see attached list

Total Project Units: # 4 Restricted Units: # 4 Unrestricted Units: # 0

Total Project Bedrooms: # 13 Restricted Bedrooms: # 13 Unrestricted Bedrooms: # 0

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

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(2)]? YES NO

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

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

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

Number of units restricted that are serving one or more Special Needs: # 0 Check, if data not available

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

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

Use Restriction Dates (enter appropriate dates):

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

Funding Sources:

Redevelopment Funds: \$ 75,886
 Federal Funds: \$ _____
 State Funds: \$ _____
 Other Local Funds: \$ _____
 Private Funds: \$ _____
 Owner's Equity: \$ _____
 TCAC/Federal Award: \$ _____
 TCAC/State Award: \$ _____
 Total Development/Purchase Cost: \$ 75,886

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

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

VISTA COMMUNITY
 DEVELOPMENT
 COMMISSION

PROJECT:
 SINGLE FAMILY REHABILITATION

FY 99/00

	\$					Restriction Dates	
	Funding	Street Address	City	Zip	Owner Name	Inception	Termination
1	19,800	1251 Bluegrass Rd	Vista	92083	Susan Hopkins	7/20/99	7/19/09
2	10,000	806 Smith Drive	Vista	92084	Carl & Stephanie Mitchell	10/20/99	10/19/98
3	25,351	1208 Anza Ave.	Vista	92084	Gail & Luzviminda Stewart	1/20/00	1/19/10
4	20,735	1807 Calle Sinaloa	Vista	92083	Doris Thames	8/31/99	8/30/09
	75,886						

SCHEDULE HCD-D5

OTHER HOUSING UNITS PROVIDED (WITH LMIHF)

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Single Family Housing Rehabilitation

Check only one:

Inside Project Area Outside Project Area

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

Agency Developed Non-Agency Developed

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

Rental Owner-Occupied

Enter the number of units for each applicable activity below:

A. New Construction Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

B. Substantial Rehabilitation Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

C. Other Non-Substantial Rehabilitation Units:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
						4		4			4		4	

D. Acquisition Only:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

E. Mobilehome Owner / Resident:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

F. Mobilehome Park Owner / Resident:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

Agency Name: Vista Community Development Commission

Housing Project Name: Single Family Housing Rehabilitation

SCHEDULE HCD-D5

OTHER HOUSING UNITS PROVIDED (WITH LMIHF) (continued)

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

H. Subsidy (other than specified options here):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

I. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

4

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

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

Replacement Housing Units
(Sch HCD-D2)

Inclusionary Units:

Inside Project Area (Sch HCD-D3)

Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:

Without LMIHF (Sch HCD-D6)

Without any Agency Assistance
(Sch HCD-D7)

**SCHEDULE HCD-D1
GENERAL PROJECT INFORMATION**

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

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Housing Project Name: Corona Del Vista Mobilehome Park

Project Address:

Street: 1501 Anza Avenue City: Vista ZIP: 92084

Owner Name: Park Residents - list attached

Total Project Units: # 12 Restricted Units: # 12 Unrestricted Units: # 0

Total Project Bedrooms: # n/a Restricted Bedrooms: # n/a Unrestricted Bedrooms: # n/a

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

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(2)]? YES NO

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

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

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

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

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

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

Use Restriction Dates (enter appropriate dates):

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

Funding Sources:

Redevelopment Funds: \$ 92,400
 Federal Funds: \$ _____
 State Funds: \$ _____
 Other Local Funds: \$ _____
 Private Funds: \$ _____
 Owner's Equity: \$ _____
 TCAC/Federal Award: \$ _____
 TCAC/State Award: \$ _____
 Total Development/Purchase Cost: \$ 92,400

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

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

CORONA DEL VISTA

SUMMARY
CURRENT OUTSTANDING CITY OF VISTA LOANS

Space #	Borrower	# of Loans
3	Helkenn, Wm & Corinne	1
7	Tyson, Julia (assumption)	2
16	Gravitt, Robert	3
20	Robinson, L (assumption)	4
21	Brostrom, Cheryl	5
24	Morey, Cashie (Ms. Leicester)	6
28	Mueller, Lyle & Tamara	7
39	Hibberd, W. (assumption)	8
42	Kirkman, Verna	9
53	Stephens, Josephine	10
61	Ogden, Dwayne	11
67	Sachs, Leo & Helen	12

SCHEDULE HCD-D5

OTHER HOUSING UNITS PROVIDED (WITH LMIHF)

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Outside

Affordable Housing Project Name: Corona Del Vista Mobilehome Park

Check only one:

Inside Project Area Outside Project Area

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

Agency Developed Non-Agency Developed

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

Rental Owner-Occupied

Enter the number of units for each applicable activity below:

A. **New Construction Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

B. **Substantial Rehabilitation Units:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

D. **Acquisition Only:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

E. **Mobilehome Owner / Resident:**

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
						12		12					12	

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
W														
													0	

Agency Name: Vista Community Development Commission Housing Project Name: Corona Del Vista
Mobilehome Park

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

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

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

H. Subsidy (other than specified options here):

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

I. Other Assistance:

Elderly Units					Non Elderly Units					TOTAL Elderly & Non Elderly Units				
VLO	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.	VLOW	LOW	MOD	TOTAL	INELG.
													0	

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

12

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

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

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

**SCHEDULE HCD-D1
GENERAL PROJECT INFORMATION**

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

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Project Area #1

Housing Project Name: Creekside Terrace

Project Address:

Street: Bel Air Drive City: Vista ZIP: 92084

Owner Name: Forecast Group I.P. (Developer)

Total Project Units: # 44 Restricted Units: # 0 Unrestricted Units: # 44

Total Project Bedrooms: # 143 Restricted Bedrooms: # n/a Unrestricted Bedrooms: # 143

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

Was this a federally assisted multi-family rental project [Gov't Code Section 65863.10(a)(2)]? YES NO

Number of units occupied by currently ineligible households (e.g. ineligible income/# of residents in unit) # _____

Number of bedrooms occupied by currently ineligible persons (e.g. ineligible income/# of residents in unit) # _____

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

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

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

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

Use Restriction Dates (enter appropriate dates):

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

Funding Sources:

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

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

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

SCHEDULE HCD-D7
OTHER HOUSING UNITS PROVIDED (WITHOUT ANY AGENCY ASSISTANCE)

NOTE: On this form, only report UNITS NOT REPORTED on HCD-D2 through HCD-D6 for project units that have not received any assistance [financial (neither LMIHF or other agency funds) or nonfinancial (planning, etc.)] from the agency, even though, in some cases, a portion of units in the same project may have been agency assisted. The intent of this form is to: (1) reconcile any difference between total project units reported on HCD-D1 compared to the sum of all the project's units reported on HCD-D2 through HCD-D6, and (2) account for other (non-assisted) housing units provided inside a project area that increases the agency's inclusionary obligation.
Example 1: A new 100 unit project was built inside or outside a project area (HCD-D1) in which 50 units received agency assistance [30 affordable LMIHF units (either HCD-D2, D3, D4, or D5) and 20 above moderate units were funded with other agency funds (HCD-D6)] requiring the remaining 50 market-rate units to be reported.
Example 2: Inside a project area a historic condemned property (multi-family or single-family) was substantially rehabilitated (tax credit or other private financing) without any agency assistance.

Agency: Vista Community Development Commission
Redevelopment Project Area Name, or "Outside": Project Area #1
Housing Project Name: Creekside Terrace

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

Inside Project Area

Enter the number for each applicable activity:

New Construction Units:

Substantial Rehabilitation Units:

Total Units:

If agency did not provide any assistance to any part of the project, provide:

Building Permit Number: _____ * Permit Date: ___*/___/___ List Attached
mo day yr

Outside Project Area

Enter the number for each applicable activity:

New Construction Units:

Substantial Rehabilitation Units:

Total Units:

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

Replacement Housing Units
(Sch HCD-D2)

Inclusionary Units:

Inside Project Area (Sch HCD-D3)

Outside Project Area (Sch HCD-D4)

Other Housing Units Provided:

With LMIHF (Sch HCD-D5)

Without LMIHF (Sch HCD-D6)

CREEKSIDE TERRACE

			Permit No.	Issue Date
1	702	Bel Air Drive	B98-0478	10/14/98
2	705	Bel Air Drive	B99-0873	6/30/99
3	706	Bel Air Drive	B98-0479	10/14/98
4	707	Bel Air Drive	B99-0872	6/30/99
5	709	Bel Air Drive	B98-1509	12/7/98
6	710	Bel Air Drive	B98-0480	10/14/98
7	713	Bel Air Drive	B99-1576	11/10/99
8	714	Bel Air Drive	B98-1220	12/1/98
9	717	Bel Air Drive	B98-1514	12/7/98
10	718	Bel Air Drive	B99-0862	6/30/99
11	719	Bel Air Drive	B98-1511	12/7/98
12	722	Bel Air Drive	B99-0863	6/30/99
13	723	Bel Air Drive	B98-1513	12/7/98
14	726	Bel Air Drive	B98-1505	12/7/98
15	727	Bel Air Drive	B98-1506	12/7/98
16	730	Bel Air Drive	B98-1507	12/7/98
17	734	Bel Air Drive	B98-1510	12/7/98
18	738	Bel Air Drive	B98-1512	12/7/98
19	739	Bel Air Drive	B99-0431	4/8/99
20	742	Bel Air Drive	B99-0428	4/8/99
21	745	Bel Air Drive	B99-0433	4/8/99
22	746	Bel Air Drive	B99-0430	4/8/99
23	747	Bel Air Drive	B99-0429	4/8/99
24	749	Bel Air Drive	B99-0434	4/8/99
25	750	Bel Air Drive	B99-0432	4/8/99
26	950	Bel Air Drive	B99-0451	4/13/99
27	954	Bel Air Drive	B99-0452	4/13/99
28	958	Bel Air Drive	B99-0455	4/13/99
29	962	Bel Air Drive	B99-0457	4/13/99
30	966	Bel Air Drive	B99-0453	4/13/99
31	969	Bel Air Drive	B99-0450	4/13/99
32	970	Bel Air Drive	B99-0458	4/13/99
33	973	Bel Air Drive	B99-0454	4/13/99
34	974	Bel Air Drive	B99-0456	4/13/99
35	977	Bel Air Drive	B99-0449	4/13/99
36	978	Bel Air Drive	B99-0867	6/30/99
37	981	Bel Air Drive	B99-0866	6/30/99
38	982	Bel Air Drive	B99-0869	6/30/99
39	985	Bel Air Drive	B99-0865	6/30/99
40	986	Bel Air Drive	B99-0870	6/30/99
41	989	Bel Air Drive	B99-0864	6/30/99
42	990	Bel Air Drive	B99-0868	6/30/99
43	993	Bel Air Drive	B99-0876	6/30/99
44	997	Bel Air Drive	B99-0875	6/30/99

SCHEDULE HCD-E1

**CALCULATION OF INCREASE IN AGENCY'S INCLUSIONARY OBLIGATIONS
FOR ACTIVITIES DURING THE REPORTING YEAR**

Complete a Schedule HCD-E1 for each project

Agency: Vista Community Development Commission

Redevelopment Project Area Name, or "Outside": Project Area #1

Housing Project Name: Creekside Terrace

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.

PART I [H&SC Section 33413(b)(1)] AGENCY DEVELOPED INSIDE OR OUTSIDE OF A PROJECT AREA	
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 <u>Very-Low</u> Income Units Developed by the Agency (Line 4 x 50%)	0
PART II [H&SC Section 33413(b)(2)] NONAGENCY DEVELOPED WITHIN A PROJECT AREA	
6. New Units Developed by Any Person or Entity Other Than the Agency	44
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)	44
9. Subtotal of Inclusionary Obligation Accrued this Year for Units Developed by Any Person or Entity Other Than the Agency (Line 8 x 15%)	6.6
10. Subtotal of Inclusionary Obligation Accrued This Year for <u>Very-Low</u> Income Units by Any Person or Entity Other Than the Agency (Line 9 x 40%)	6.6
PART III TOTALS	
11. Total Increase in Inclusionary Obligations During This Fiscal Year (add lines 4 and 9)	6.6
12. Total Increase in <u>Very-Low</u> Income Units Inclusionary Obligation During This Fiscal Year (add lines 5 and 10) NOTE: LINE 12 IS A SUBSET OF LINE 11	6.6