

Affordable Housing Agreement Amendment/Transfer Application

The City's Affordable Housing program will evaluate requests to amend and/or transfer of existing affordable housing agreements.

A proposal to amend an agreement will require the following: 1) the applicant must submit an Application; 2) the modified affordable housing agreement must comply with applicable State and Federal laws in effect at the time of modification; and 3) the applicant must illustrate how the proposed modification to the affordable housing agreement will assist the City to meet community needs.

A proposal to transfer an agreement will require the following: 1) the applicant must submit an Application and notify the City of their intent to assign/transfer of the affordable housing agreement at least 45 days (or the number of days prescribed by the affordable housing agreement) prior to close of escrow; 2) the City must be entitled to review the prospective buyer/assignee's housing background and financial standing; and 3) the prospective buyer must provide a written statement that they have received a copy of the affordable housing agreement and are aware and understand the duties and obligations conferred under the agreement.

The Application must be completed, signed and dated, including all required fees. The applicant must consult with a Housing staff to arrange for a submittal. For questions or consultation, please contact the Department of Environmental Services, Housing Section at (805) 583-6779 or email to enviroservices@simivalley.org.

2929 Tapo Canyon Road Simi Valley, CA 93063

Hours: Monday-Friday 8 a.m. to 5 p.m. Department of Environmental Services: (805) 583-6779

Email: enviroservices@simivalley.org

www.simivalley.org

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Department of Environmental Services

Affordable Housing Agreement Amendment/Transfer Application

OWNER / APPLICANT INFORMATION

1.	Applicant:
	Address:
	City/State/Zip:
	Phone:
	Email:
2.	Property Owner:
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	Address:
	City/State/Zip:
	Phone:
	Email:
3.	Agent/Primary Contact:
	Address:
	City/State/Zip:
	Phone:
	Fmail:

4.	Orga	Organization Background Information:				
	i. ii.	Non-profit organizations - Attach a copy of 501(c)(3), identified members and job descriptions, and include a brief history experience in affordable housing development. For-profit organizations - Attach resumes for personnel involved project and include a brief history of the organization's experienced affordable housing development.	of their with the			
PRO	JECT	INFORMATION				
5.	Proje	ct Location:				
	Asse	ssor's Parcel Number(s):				
6.	Project Description:					
	A.	Project Type (check all that applies):				
	B.	☐ Rental ☐ For-sale / Owner-occup ☐ Multi-Family ☐ Single-Family ☐ Senior (age restricted) ☐ Farm worker ☐ Mixed-Use ☐ Single Resident Occupa ☐ Emergency Shelter ☐ Other: Number of Affordable Units to be Provided by Area Median Income	ancy			
		Percentage of Total Units:	()			
		 Very Low-Income (30% - 50% AMI): Low-Income (50% - 80% AMI): Moderate-Income (80% - 120% AMI): (Single Family Ownership Projects Only) Other: 	units			
	C.	Affordable Term: 55 years 45 years (for-sale units	• /			
	D	Remaining Affordable Term	Veare			

7.	Request:	Amendment	Transfe	er		
					_ _	
8.			s of the propo	sal not covered in this applicatio	– on	
		f a proposal letter. nclosed proposal lette	r			
	ACKNOWLEDGEMENT & CERTIFICATION					
The Affordable Housing Subcommittee (AHS) is an advisory body to the City Council and makes no commitments or final decisions. Policies regarding affordable agreements may change after any meeting with the AHS. All negotiations with the AHS are tentative and projects are not deemed approved until final approval by a full vote of the City Council of the City of Simi Valley.						
I/we hereby certify that the statements furnished above and in the attached exhibits present the data and information required for this Affordable Housing Agreement Amendment/Transfer Application to the best of my/our ability, and that the foregoing is true and correct, to the best of my/our knowledge and belief.						
Appl	licant Signature)		Date		
Own	ner Signature			Date	_	
Age	nt/Primary Con	tact Signature		Date	_	
For	Staff Use:					
Cas	e Numbers:					
Filin	a Date:					

Certificate for Notary Acknowledgement

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)		
County of)		
On	before me,		nd title of the officer)
is/are subscribed to executed the same signature(s) on the insacted, executed the in	the basis of satisfathe within instru- in his/her/their a strument the personstrument.	ment and acknowledg authorized capacity(ies) on(s), or the entity upon l Y under the laws of the	ne person(s) whose name(s) ed to me that he/she/they , and that by his/her/their behalf of which the person(s) e State of California that the
WITNESS my hand a	nd official seal.		
Signature			(Seal)