



OCCUPANCY CERTIFICATION FORMS

ACCESSORY DWELLING UNIT (ADU)

This form will need to be completed on an annual basis for ten years from the date of occupancy. Income and rent restrictions are revised annually. For additional information regarding the affordability criteria, please contact the Housing Division at 760.639.6191.

Please check the appropriate boxes:

Tenant Type:

- Caregiver
- Low Income

Certification Type:

- Initial Certification
- Annual Recertification

ADU Address: _____ Number of Bedrooms in ADU: _____

Owner Name(s): _____

Owner Email Address: _____ Property Owner Phone # _____

ADU Tenant Household Composition:

Tenant Name(s): _____

Household Size: _____ (number of people) Annual Income of Household: \$ _____

Income Verification Method Used (must select two forms of verification):

- Two paycheck stubs from most recent pay periods
- Income Tax Return from the most recent year
- Employer income verification certification
- Income verification certification from the Social Security Administration and/or California Dept. of Social Services, if tenant(s) receives this assistance

Caregiver Verification:

Per City Ordinance 2019-11, a "Caregiver Household" is defined as a family member or caregiver providing regular care to an owner or occupant of the primary unit in need of that care, and members of that caregiver's household.

To qualify as a Caregiver Household, the ADU Owner must, in addition to this form, complete the attached Live-In Aide Request form annually.



2019

**MAXIMUM ALLOWABLE RENTS BY UNIT
HOUSEHOLD AND INCOME LEVEL**

**PER VISTA MUNICIPAL CODE 18.31.030 REQUIREMENTS FOR AN
ACCESSORY DWELLING UNIT**

BASED ON HUD INCOME LIMITS EFFECTIVE APRIL 24, 2019

STEP 1 Determine household size	1 PERSON STUDIO	2 PERSON 1-BEDROOM	3 PERSON 2-BEDROOM
STEP 2 Determine Maximum Allowable Household Gross Annual Income per HUD Annual Income Standards	\$ 59,950	\$ 68,500	\$ 77,050
STEP 3 Divide Step 2 by 12 Maximum Allowable Monthly Income	\$ 4,996	\$ 5,708	\$6,421
STEP 4 Multiply Step 3 by 30% Maximum Allowable Monthly Rent	\$1,499	\$ 1,712	\$1,926

ADU tenant Annual Income: \$ _____ ADU tenant Monthly Rent: \$ _____

ADU Household Size: _____ Number of Bedrooms in ADU: _____

I/We certify that the ADU tenant qualifies as low-income and/or is a caregiver as defined in the Covenant Agreement. I further certify that the ADU tenants rent does not exceed the maximum allowable rent.

Certified By: _____ Date: _____

Live-In Aide Request for Verification
(California Tax Credit Properties)

Date: _____

Household Member's Name: _____

To: _____

From: _____

The household member named above has applied for or is currently residing in a unit that is part of the Low Income Housing Tax Credit program under IRS Section 42. The household member has indicated that he/she is disabled and requires a live-in aide in order to have equal access to housing the same as if he or she was not disabled. The LIHTC program has specific verification requirements for all households indicating a need for a live-in aide, including, but not limited to: (1) the aide is there for the sole purpose of providing supportive services essential to the member's care and well being; and (2) the aide would not otherwise be occupying the unit except to provide the necessary supportive services.

The household member named above has indicated that you are a third-party professional competent to verify the disability and the need for the requested accommodation. We ask that you provide the following general information to determine if a live-in care attendant is required to provide necessary supportive services in order for the member to use and enjoy the dwelling.

Please Note: The information provided should respond to the general questions and not disclose any confidential information regarding the nature of the disability of the household member.

I hereby authorize the release of the information on this verification form:

Household Member's Signature

Date

Information Requested:

1. Is the household member disabled as defined below? Yes No
2. In your professional opinion, and with knowledge of the member's disability, does the member require the services of a live-in care attendant in order to use and enjoy the dwelling? Yes No
3. Is the household member's disability permanent and/or without the potential for improvement such that the household member would continue to need the services of a live-in care attendant? Yes No
(CTCAC will require that any "No" response be verified annually)
4. Does the member require more than one aide to occupy the unit? Yes No

Number of Aides needed: _____

Under applicable law, an individual is disabled if he/she has, is regarded as having or perceived as having a physical or mental impairment that limits a major life activity such as caring for one's self, performing manual tasks, participating in social activities, walking, seeing, hearing, speaking, breathing, learning and working, and includes, but is not limited to, conditions such as cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, Human Immunodeficiency Virus Infection, mental retardation, and emotional illness. This definition does not include sexual behavior disorders, compulsive gambling, kleptomania, pyromania, or psychoactive substance use disorders resulting from the current unlawful use of controlled substances or other drugs.

Printed name of Person supplying information: _____

Title of Person supplying information: _____

Firm/Organization: _____

Phone Number: _____

Fax: _____

Signature of Person supplying information: _____ **Date:** _____

By signing above, I certify, under penalty of perjury, that the information presented in this Verification is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud.

Please attach a business card or stamp here: