

INCLUSIONARY HOUSING PLAN

APPLICATION NUMBER: _____

City of Redlands
35 Cajon Street, Redlands, CA 92373
(909) 798-7555 ext. 2

Project Address: _____

Assessor Parcel No(s): _____

Site Dimension: _____

Site Size (Square Feet): _____

Property Owner's Name: _____

Address: _____

Telephone: _____ Email: _____

Applicant's Name: _____

Telephone: _____ Email: _____

I. INCLUSIONARY HOUSING ALTERNATIVES

Select the applicable alternatives to indicate how the project will comply with the inclusionary housing requirement:

- _____ On-site construction of Inclusionary Units
- _____ Off-site construction of Affordable Units
- _____ Land dedication
- _____ In-lieu fee payment for entire obligation
- _____ In-lieu fee payment for fractional unit ¹

II. RESIDENTIAL PROJECT DESCRIPTION

Describe the project in the following chart:

# of Bedrooms	Unit Size (Sq. Ft.)	# of Market Rate Units	# of Very-low Income Units	# of Low Income Units	# of Moderate Income Units	Total # of Units
Studio						
1						
2						
3						
4						
5						

Identify the gross livable floor area of proposed project in square feet:

Will the project be constructed in phases? YES ___ NO ___

Is a density bonus being requested? YES ___ NO ___

¹ If the calculation of the number of Inclusionary Units required results in a fraction less than .5, the developer has the option to (i) provide an additional full Inclusionary Unit or (ii) pay an In-Lieu Fee equal to the percentage represented by the fractional Inclusionary Unit multiplied by the applicable In-Lieu Fee.

III. Fractional Inclusionary Unit Obligation

For Projects that choose to pay an in-lieu fee to fulfill a fractional Inclusionary Unit obligation, calculate the fractional in-lieu fee obligation in the following table:

Fractional In-Lieu Fee Calculation	
Fractional Unit Obligation	_____
Total Habitable Area (Square Feet)	_____
In-Lieu Fee Per Square Foot of Habitable Area (See Section IV of this application)	_____
Total Fractional In-Lieu Fee	_____

In-Lieu Fee Payment to Fulfill the Entire Inclusionary Housing Obligation

The in-lieu fee payment obligation is calculated against the entire Habitable Area of the proposed Market Rate Project. The in-lieu fee schedule is presented in the following table:

# of Units	Fee Per Square Foot
10	\$1.39
11	\$2.78
12	\$4.18
13	\$5.57
14	\$6.96
15	\$8.35
16	\$9.75
17	\$11.14

18	\$12.53
19	\$13.92
20	\$15.32
21	\$16.71
22	\$18.10

IV. REQUIRED EXHIBITS TO THE INCLUSIONARY HOUSING PLAN

- A. A narrative description of the entire project;
- B. If development consists of 23 units or more and developer is requesting to pay an in-lieu fee, then provide a detailed analysis to demonstrate why providing the affordable units in the Residential Development would create an unreasonable economic hardship due to such factors as project size, site constraints, and/or excessively large affordability gaps.
- C. A site plan that depicts the entire project detailing location of the Inclusionary Units, if applicable;
- D. Legal description of the project; and
- E. If applicable, a phasing plan that provides for the timely development of the Inclusionary Units as the project is built out; and
- F. Application fee.

V. PROPERTY OWNER’S AFFIDAVIT

I hereby certify that I am the legally authorized owner of all property involved in this application or have been empowered to sign as the property owner on behalf of a corporation, partnership, business, etc., as evidenced by separate instrument attached herewith. I hereby grant to the applicant submitting this form full power to sign all documents related to this application, including any conditions or litigation measures as may be deemed necessary.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on (Date) _____ at _____, California

Property Owner's Signature _____

Printed Name _____

VI. APPLICANT'S AFFIDAVIT

I hereby certify that the statements furnished above and in the attached exhibits represent the data and information required for this initial evaluation and that the facts, statements and information presented are true and correct to the best of my knowledge and belief. Further, should the stated information be found false or insufficient, I agree to the return of this form for appropriate revisions, understanding the City of Claremont cannot process this form until all applicable information is corrected or provided by the applicant. I hereby certify that I have been legally authorized by the property owner to present this application and to sign on behalf of all documents related to this application, including any conditions or litigation measures as may be deemed necessary.

Note: When the applicant is a corporation, partnership, business, etc., a separate document verifying the authorization to sign for such applicant is required.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on (Date) _____ at _____, California

Applicant's Signature _____

Applicant's Printed Name _____