CITY OF MOUNTAIN VIEW • COMMUNITY DEVELOPMENT DEPARTMENT • HOUSING DIVISION

TENANT RELOCATION ASSISTANCE COMPLIANCE PLAN

Please fill out this form and submit with your application for development projects that will remove housing units from the rental market to the Planning Division. This completed form is an item to determine application completeness. For more information, call Andrea Kennedy at 650-903-6125 or e-mail at andrea.kennedy@mountainview.gov.

SECTION 1: GENERAL INFORMATION

Applicant Information						
Applicant Name:	E-mail:					
	Phone No.:					
Mailing Address (Street, City, State, and Zip Code):						
Contact Name:	E-mail:					
	Phone No.:					
Project Information						
Project Name:	Planning Application No. (if known):					
APN No(s).:	Project Address(es):					
Proposed Project Details						
1. Number of proposed residential buildings:	2. Total number of proposed units:					
3. Project type:						
for-sale housing rental housing both for-sale and rental housing nonresidential (specify proposed us	se):					

SECTION 2: INFORMATION FOR EXISTING UNITS

		Project I	Details for Existin	ng Units			
	Will any rendemolished?	No	1a. If yes, indicate: Total Number of Demolished Units Total Number of Households in Demolished Units umber of rental units on each parcel proposed to				
2.	be demolishe	• •	mber of rental ui	nits on ea	acn parce	ei propo	sea to
A]	PN	,	f Units on Parce	1 R	ental Un	its?	
					Yes		No
					Yes		No
					Yes		No
] Yes		No
_		following items: ent roll should inc		O 1	it inform	ation:	
			nt Roll Informati	ion		V	(aa-il-:
J	Jnit Address	All Household Members on Lease	Bedroom/ Bathroom	Monthly Rent		Yearly Household Income	
	agreement wit services. This Contact City sta Notice of Inter must provide v	Relocation Assistance the City to provide item must be completed before the completed before the	de relocation assist pleted before the sprior to submitting with the relocation ty that notices wer	stance and application applica	d fully fu on can be plete appli- nt, the rer each affect	nd the ce deemed cation. Intal propertied rental	consultant's d complete.
	item must be completed before the application can be deemed complete. Proof of Escrow Account. Funds must be submitted into an escrow account for the estimated relocation assistance payments. This item must be completed before the application can be deemed complete.						
	Proof of County Recording. A summary memorandum of the applicant's obligation to provide tenant relocation requirements must be recorded with the County Recorder (<i>includes CSFRA units that will be removed from rental market</i>). This item must be completed before the application can be deemed complete.						

TENANT RELOCATION COMPLIANCE PLAN: TENANT RELOCATION ASSISTANCE REQUIREMENTS

Indicate the type of relocation benefits that will be offered:				
1. Standard Benefits	2. Alternate Mitigation			

1. Standard Benefits

Please attach a narrative demonstrating how the relocation benefits provided will meet or exceed the minimum standard relocation benefit requirements of the program.

See Tenant Relocation Assistance Program Administrative Procedures for required standard relocation benefits.

2. Alternate Mitigation

Please attach a narrative identifying what alternate mitigation is proposed and demonstrating how the proposed mitigation will complete the following objective:

Help alleviate the adverse health, safety, and economic impacts experienced by
residents of rental housing who are displaced from their residences due to a
demolition of a rental unit, a remodel, or redevelopment of a rental unit; a
conversion of a residential unit to a condominium unit or a change of use of real
property from a residential use to a nonresidential use by requiring the property
owner to mitigate the impact on these residents.