### NOTICE TO AFFECTED PUBLIC ENTITIES

**Pursuant to Government Code Section 65863.10(c)(1)**

(Use Owner’s business letterhead.)

Date

Affected Public Entity Name

Affected Public Entity Address

Dear City Mayor **OR** County Board of Supervisors Chairperson (*insert name*):

RE: (*Insert project name, street and mailing addresses.*)

The owner of the above-listed multifamily rental project (Owner) hereby provides notice of the following proposed change in status: *(check ALL that apply; insert applicable expiration/prepay/termination dates)*.

[ ]  The current rent and occupancy restrictions will expire on \_\_\_\_\_\_\_\_\_\_\_\_.

[ ]  The Owner intends to prepay a government-assisted mortgage that will remove the rent and occupancy restrictions on ͟͟͟͟͟͟͟͟͟͟͟͟.

[ ]  The Owner intends to terminate participation in a federal, state or local government or nongovernmental rental subsidy program on \_\_\_\_\_\_\_\_\_\_\_\_.

This six-month **Notice to Affected Public Entities** is sent to the jurisdiction where the project is located. The purpose of the notice is to assist localities in their efforts to preserve or replace at-risk projects and protect tenants. This notice provides localities with the following detailed information about the project and the tenants:

* Number of affected tenants \_\_\_\_\_ *(insert total number of affected tenants).*
* Number of assisted units \_\_\_\_\_ *(insert total number of assisted units).*
* Type of government assistance or rent restriction program: Choose an item.
* Number of bedrooms in assisted units *(included as* ***Attachment A****).*
* Number of units not assisted \_\_\_\_\_\_ *(insert number of non-assisted units).*
* The age and income of all affected tenants *(included as* ***Attachment B****).*
* A narrative description of the Owner’s plans, including: *(included as* ***Attachment C****).*

The timetable or deadline for actions and/or specific governmental approvals required (e.g., renewal of Section 8 contract, prepayment deadline or approval, sale to a qualified public agency, etc.);

The reason for termination or prepayment (e.g., convert to market rate, sale of property, etc.); and

A listing of any other contacts being made with governmental agencies or others (i.e., negotiations with the Department of Housing and Urban Development (HUD) for mortgage restructuring or the Mark-To-Market Program, State Tax Credit Allocation Committee (TCAC), the California Department of Housing and Community Development’s Multifamily Housing Program, possible purchasers).

* Copies of required federal notices to tenants at least 150 days, and not more than 270 days, before mortgage prepayment, and at least twelve months prior to Section 8 termination *(include as* ***Attachment D****).*
* Copies of required 6-month notices to tenants *(include as* ***Attachment E****).* This attachment satisfies the remaining statutory requirements noted in 65863.10 to notify public entities.

Please contact the Owner or Agent directly *(insert names, business addresses, phone and fax numbers, and email addresses)* for additional information or clarification:

Sincerely,

Owner or their Agent of assisted multifamily rental housing project

Name *(print or type)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address *(print or type)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACHMENT A**: Number of bedrooms in assisted units

**ATTACHMENT B:**  Age and income of all affected tenants

**ATTACHMENT C**: Owner’s plans

**ATTACHMENT D:** Copies of federal notices

**ATTACHMENT E:** Copies of 6-month notice to tenants

cc: Mayor or Board of Supervisors for City or County

Local Housing Authority Director

California Department of Housing and Community Development

Division of Housing Policy Development

Attention: PRESERVATION

Preservation@hcd.ca.gov

HUD Field Office

Legal Aid

**ATTACHMENT A**

Studio: \_\_\_\_\_ units

1 Bedroom: \_\_\_\_\_ units

2 Bedrooms: \_\_\_\_\_ units

3 Bedrooms: \_\_\_\_\_ units

4 Bedrooms: \_\_\_\_\_ units

5 Bedrooms: \_\_\_\_\_ units

**ATTACHMENT B**

|  |  |  |
| --- | --- | --- |
| Unit | Ages of Tenants  | Income of Tenants |
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**ATTACHMENT C**

Timetables and Deadlines for Actions and Governmental Approvals:

Reason for Termination or Prepayment:

Contacts Made with Other Governmental Agencies or Qualified Entities: