

SIX-MONTH NOTICE TO AFFECTED PUBLIC ENTITIES
Pursuant to Government Code Section 65863.10(c)(1)

Owner/Management/Agent Name _____
Address _____
Phone Number _____
Email Address _____

Date _____

Affected Public Entity Name: _____
Affected Public Entity Address: _____

TO: _____ (*insert Affected Public Entity 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:
- _____

- Number of units not assisted _____ (*insert number of non-assisted units*).
- Number of bedrooms in assisted units (*included as Attachment A*).
- 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 for additional information or clarification:

Owner/Management/Agent Name _____
Address _____
Phone Number _____
Email Address _____

Sincerely,

Enclosures:

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 to tenants, if applicable

ATTACHMENT E: Copies of 6-month notice to tenants

(When including attachments, label the documents according to the attachment names noted above.)

cc:

Required Entities to be Notified:

** This six-month notice shall be sent to the mayor of the city in which the assisted housing development is located, or, if located in an unincorporated area, the chair of the board of supervisors of the county, the appropriate local public housing authority, and the California Department of Housing and Community Development.*

Mayor or Board of Supervisors for City or County

Name: _____

Address: _____

Telephone Number: _____

Email: _____

Local Public Housing Authority Director

Name: _____

Address: _____

Telephone Number: _____

Email: _____

California Department of Housing and Community Development

Division of Housing Policy Development

Attention: PRESERVATION

651 Bannon Street, Suite 400

Sacramento, CA 95811

Via email at Preservation@hcd.ca.gov

Optional Entities to be Notified:

HUD Field Office

Name: _____

Address: _____

Telephone Number: _____

Email: _____

Area Legal Services Organization

Name: _____

Address: _____

Telephone Number: _____

Email: _____

ATTACHMENT A – Number of Bedrooms in Assisted Units

Studio: _____ units

1 Bedroom: _____ units

2 Bedrooms: _____ units

3 Bedrooms: _____ units

4 Bedrooms: _____ units

5 Bedrooms: _____ units

ATTACHMENT B – Age and Income of All Affected Tenants

Unit: _____ Age of Tenants: _____ Income of Tenants: _____

Unit: _____ Age of Tenants: _____ Income of Tenants: _____

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Unit: _____ Age of Tenants: _____ Income of Tenants: _____

ATTACHMENT C – Owner's Plans

Timetables and Deadlines for Actions and Governmental Approvals:

_____.

Reason for Termination or Prepayment:

_____.

Contacts Made with Other Governmental Agencies or Qualified Entities:

_____.**Attachment D – Copies of Federal Notices**

See attached.

Attachment E – Copies of 6-month Notice to Tenants

See attached.