

LOCAL GOVERNMENT SPECIAL NEEDS HOUSING PROGRAM ("SNHP")
SNHP FINANCING APPLICATION
ATTACHMENT B-1
SNHP REGULATED UNIT OCCUPANCY RESTRICTIONS

Local Government and Borrower are required to submit this form at the time of initial Application and any time any of the below information changes prior to the SNHP Loan closing. Local Government approved occupancy preferences for sub-classes of the below described "Occupancy Class Restrictions" (e.g. veterans; chronically homeless, or local residents) shall be described in detail in the Project's Supportive Service Plan.

Item 1: PERMISSIBLE SNHP OCCUPANCY RESTRICTIONS

Summary of SNHP Regulated Unit "Occupancy Class Restrictions"	Enter the Number of Units by Bedroom Count			
	Studio or Single Bedroom	One Bedroom	Two Bedroom	Three Bedroom
A. Transition Age Youth restricted unit mix:				
Local Government: Are TAY permitted to remain in the unit once they turn 25?				
B. Individuals / Families (any age) restricted unit mix:				
C. Senior restricted unit mix: Minimum Age:				
TOTAL REGULATED SNHP UNITS:				
Local Government: wants the option to rent this number of 2 or 3 bedroom units to multiple individual MHSA eligible clients, each renting a bedroom ("Shared Housing") when MHSA eligible families are not available to rent the units. Note: This is not an option for units subsidized by Project Based Section 8 vouchers or when prohibited by other lenders regulating the same units.				

ITEM 2: MORE RESTRICTIVE OCCUPANCY TYPES IMPOSED BY OTHERS:

The Local Government approves the below more stringent Occupancy Class Restrictions imposed by other lenders or rental subsidies that are permitted to overlay the SNHP regulated units (ie., ground lease local residency preference requirements). **NOTE: *the permissible use of VASH Vouchers or overlay of HCD VHHP regulatory provisions on SNHP regulated units means those SNHP units will be rented to Veterans.***

Source of Regulatory Provisions That will Overlay the SNHP Regulated Units	# of SNHP Units Affected	More Restrictive Occupancy Class Description
<input type="checkbox"/> HCD – VHHP Funding	_____ units	Veterans who are in-eligible for VA Benefits
<input type="checkbox"/> _____	_____ units	_____
<input type="checkbox"/> _____	_____ units	_____

DEVELOPER / BORROWER CERTIFICATION:

I hereby certify under penalty of perjury, that I have the delegated authority to represent the Developer / Borrower and certify that to the best of my knowledge and belief, all statements on this form are true and correct as of the below date.

BY: _____ Date: _____

Name/Title: _____

Email / Phone: _____

Company/Borrower Name: _____

LOCAL GOVERNMENT CONSENT / APPROVAL:

The Local Government approves the above Item 1 SNHP occupancy class restrictions by unit size, and any sub-class occupancy restrictions imposed by other lenders or subsidy providers described in Item 2 above.

The Item 1 assumptions and any other sub-class occupancy preferences we agree to, will be described in detail in the final Supportive Service Plan that we will provide prior to the SNHP loan closing.

BY: _____ Date: _____

Name/Title: _____

Email / Phone: _____

Agency Name: _____