

HOUSING UNIT CHANGE FORM

Date of Estimate: 1/1/2019

PLEASE READ ATTACHED INSTRUCTIONS. RETURN BY **JANUARY 18, 2019.**

Demographic Research Unit, Department of Finance, 915 L Street, Sacramento, CA 95814, Fax (916) 327-0222, Telephone (916) 323-4086.

City/Town: _____

County: _____

Please check the method you reported on this survey for newly constructed units:

Housing units completed between 1/1/18-12/31/18 based on **Final Inspections, Certificates of Occupancy, Completion Certificates** or **Utility Releases.**

Or

If you can only report building permits issued, you **MUST** adjust the building permits to estimate completions using a different time frame:

Single unit permits issued: 7/1/17 – 6/30/18; **Multiple unit** permits issued: 1/1/17 – 12/31/17.

SECTION I. HOUSING UNITS GAINED	SINGLE-FAMILY			MULTI-FAMILY				TOTAL UNITS	TOTAL AFFORDABLE UNITS	TOTAL ACCESSORY DWELLING UNITS
	Detached Units	Attached Units	Mobile Homes	2, 3, or 4 -Plex		5 or More				
				Structures	Units	Structures	Units			
1. Newly Constructed Units										
2. Converted Units Gained										
3. Non-Permitted Units Gained										

SECTION II. HOUSING UNITS LOST
From January 1, 2018 through December 31, 2018

1. Demolition , fire or natural disaster										
2. Converted Units Lost										
3. Non-Permitted Units Lost										

SECTION III. ANNEXATIONS AND DETACHMENTS
From January 1, 2018 through December 31, 2018

For Cities Only. Attach additional sheets if necessary.

LAFCO #	Annexation Short Titles & Effective Date	SINGLE-FAMILY			MULTI-FAMILY				TOTAL UNITS	
		Detached Units	Attached Units	Mobile Homes	2, 3, or 4 -Plex		5 or More			
					Structures	Units	Structures	Units		

SECTION IV. CIVILIAN GROUP QUARTERS CHANGE
From January 1, 2018 through December 31, 2018

Attach additional sheets if necessary.

Facility Name, Address, Zip Code, & Telephone Number	DATE OF STATUS CHANGE					PERMANENT RESIDENTS	
	Annexed	Detached	Opened	Closed	Changed	1/1/2018	12/31/2018

Reported by: _____ Department: _____ Title: _____

Address: _____ City: _____ Zip Code: _____

E-mail Address: _____ Telephone: _____ FAX : _____