

# HOUSING UNIT CHANGE FORM

Date of Estimate: 1/1/2018

PLEASE READ ATTACHED INSTRUCTIONS. RETURN BY **JANUARY 19, 2018.**

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 1/1/17-12/31/17 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: 7/1/16 – 6/30/17; **Multiple unit** permits issued: 1/1/16 – 12/31/16.

| SECTION I. HOUSING UNITS GAINED                       | SINGLE-FAMILY  |                |              | MULTI-FAMILY     |       |            |       | TOTAL UNITS | TOTAL AFFORDABLE 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                         |                |                |              |                  |       |            |       |             |                        |
| <b>SECTION II. HOUSING UNITS LOST</b>                 |                |                |              |                  |       |            |       |             |                        |
| <b>From January 1, 2017 through December 31, 2017</b> |                |                |              |                  |       |            |       |             |                        |
| 1. Demolition, fire or natural disaster               |                |                |              |                  |       |            |       |             |                        |
| 2. Converted Units Lost                               |                |                |              |                  |       |            |       |             |                        |
| 3. Non-Permitted Units Lost                           |                |                |              |                  |       |            |       |             |                        |

**SECTION III. ANNEXATIONS AND DETACHMENTS**  
From January 1, 2017 through December 31, 2017

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, 2017 through December 31, 2017

Attach additional sheets if necessary.

| Facility Name, Address, Zip Code, & Telephone Number | DATE OF STATUS CHANGE |          |        |        |         | PERMANENT RESIDENTS |            |
|--|-----------------------|----------|--------|--------|---------|---------------------|------------|
|  | Annexed               | Detached | Opened | Closed | Changed | 1/1/2017            | 12/31/2017 |
|  |                       |          |        |        |         |                     |            |
|  |                       |          |        |        |         |                     |            |

Reported by: \_\_\_\_\_ Department: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ FAX : \_\_\_\_\_