

HOUSING UNIT CHANGE FORM

Date of Estimate: 1/1/2016

PLEASE READ ATTACHED INSTRUCTIONS. RETURN BY **JANUARY 15, 2016.**

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 1/1/15-12/31/15 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: 7/1/14 – 6/30/15; **Multiple unit** permits issued: 1/1/14 – 12/31/14.

	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 I. HOUSING UNITS GAINED								
1. Newly Constructed Units								
2. Converted Units Gained								
3. Non-Permitted Units Gained								

SECTION II. HOUSING UNITS LOST

From January 1, 2015 through December 31, 2015

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

SECTION III. ANNEXATIONS AND DETACHMENTS

From January 1, 2015 through December 31, 2015

For Cities Only. Attach additional sheets if necessary.

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

SECTION IV. CIVILIAN GROUP QUARTERS CHANGE

From January 1, 2015 through December 31, 2015

Attach additional sheets if necessary.

	DATE OF STATUS CHANGE					PERMANENT RESIDENTS	
	Annexed	Detached	Opened	Closed	Changed	1/1/2015	12/31/2015
Facility Name, Address, Zip Code, & Telephone Number							

Reported by: _____ Department: _____ Title: _____

Address: _____ City: _____ Zip Code: _____

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