HOUSING UNIT CHANGE FORM

Date of Estimate: 1/1/2021

PLEASE READ ATTACHED INSTRUCTIONS. RETURN BY <u>January 22, 2021</u>. 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 4/1/20-12/31/20 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: $\frac{10}{19} - \frac{3}{31}$; Multiple unit permits issued: $\frac{4}{19} - \frac{12}{31}$. SINGLE-FAMILY MULTI-FAMILY How many of the total units reported (left) were of the following types: **Detached** Attached Total 2, 3, or 4 -Plex 5 or More Total Total Accessory Accessorv Accessory SECTION I. HOUSING UNITS GAINED Housing **Affordable Dwelling Dwelling Dwelling Detached** Attached **Mobile** Units Units Units Units Units Units Units Units Homes structures Units **Structures** 1. Newly Constructed Units 2. Converted Units Gained 3. Non-Permitted Units Gained SECTION II. HOUSING UNITS LOST From April 1, 2020 through December 31, 2020 1. Demolition, fire or natural disaster 2. Converted Units Lost 3. Non-Permitted Units Lost For Cities Only. Attach additional sheets if necessary. SECTION III. ANNEXATIONS AND DETACHMENTS From April 1, 2020 through December 31, 2020 SINGLE-FAMILY MULTI-FAMILY 5 or More Detached Attached **Mobile** 2, 3, or 4 -Plex TOTAL **Units** Units LAFCO# **Annexation Short Titles & Effective Date** Homes structures Units structures Units UNITS SECTION IV. CIVILIAN GROUP QUARTERS CHANGE Attach additional sheets if necessary. From April 1, 2020 through December 31, 2020 DATE OF STATUS CHANGE PERMANENT RESIDENTS 12/31/2020 Facility Name, Address, Zip Code, & Telephone Number **Detached** Closed 4/1/2020 Annexed opened Changed Reported by: Department: Address: City: Zip Code: E-mail Address: FAX: