

REFERRAL FORM



QUALIFIED PERMANENT SUPPORTIVE HOUSING

This form is to serve as a referral to the Department of City Planning Development Services Center for Affordable Housing case filing purposes for Qualified Permanent Supportive Housing Projects pursuant to LAMC Sec. 14.00 A.13 of Ch. 1 or LAMC Sec. 9.4.1.D. (Permanent Supportive Housing Incentive Program) of Ch. 1A as applicable (in addition to the required Department of City Planning Application and any other necessary documentation) and as a referral to Los Angeles Housing Department (LAHD), Redevelopment Plan Unit (RPU), Building and Safety, or other City agency for project status and entitlement need purposes. This form shall be completed by the applicant and reviewed and signed by Department of City Planning staff prior to filing an application for a case or building permit. Any modifications to the content(s) of this form after its authorization by the Department of City Planning staff is prohibited. The Department of City Planning reserves the right to require an updated form for the project if more than 180 days have transpired since the approval date, or as necessary, to reflect project modifications, policy changes and/or amendments to the Los Angeles Municipal Code (LAMC), local laws, and State laws.

THIS SECTION TO BE COMPLETED BY CITY STAFF ONLY

Planning Staff Name & Title: _____

Planning Staff Signature: _____

Signature Date: _____ **Expiration Date:** _____

Case Number: _____

Applicant Requesting: _____

☐ **Planning DSC - Filing** ☐ **Ministerial** ☐ **ED 1**

☐ **Other:** _____

Notes:

THIS SECTION TO BE COMPLETED BY THE APPLICANT

APPLICANT INFORMATION

Applicant Name: _____

Phone Number: _____

Email: _____

I. PROPOSED PROJECT

1. PROJECT LOCATION/ZONING

Project Address(es)¹: _____

Assessor Parcel Number(s): _____

Community Plan: _____

Existing Zone: _____

Land Use Designation: _____

Number of Lots: _____

Project Site Area (sf)²: _____

☐ **ED 1 Eligible³** ☐ **Specific Plan** ☐ **HPOZ** ☐ **DRB**

☐ **CPIO** ☐ **Enterprise Zone** ☐ **Redevelopment Project Area**

If applicable, specify Specific Play/Overlay: _____

☐ **Q Condition/D Limitation/T Classification (Ordinance No. and provide a copy):** _____

☐ **Other Pertinent Zoning Information (specify):** _____

Location is a High-Quality Transit Area⁴: ☐ **YES** ☐ **NO**

¹ Project Address must include all addresses on the subject/application site (as identified in ZIMAS <http://zimas.lacity.org>).

² For lots abutting one or more alleys, the lot area may include one-half of the width of the alley pursuant to LAMC Section 12.22 C.16 of Chapter 1 or LAMC Section 6C.1.2.D.1. (Lot Area per Household Dwelling Unit) of Chapter 1A or LAMC Section 6C.1.3.D.1. (Lot Area per Efficiency Dwelling Unit) of Chapter 1A, as applicable.

³ Refer to [Executive Directive 1 Implementation Guidelines](#) for qualifying criteria. If the project is determined to be ineligible for ED 1, a new Referral Form will need to be obtained.

⁴ As defined in LAMC Section 14.00 A.13(g)(1) of Chapter 1 or LAMC Section 9.4.1.B.5.a. (Location Requirement) of Chapter 1A, as applicable.



2. DESCRIPTION OF PROPOSED PROJECT

3. DESCRIPTION OF SUPPORTIVE SERVICES TO BE PROVIDED TO TENANTS

4. NAME OF ENTITY OR ENTITIES TO PROVIDE SUPPORTIVE SERVICES

5. PROPOSED STAFFING LEVELS

6. EXISTING USE

A. Describe Existing Development:

Existing Uses Dwelling Unit (DU) Square Footage (SF)	Existing No. of DUs or Non-Residential SF	Existing No. of DUs or Non-Residential SF to be Demolished	Proposed No. of DUs ⁵ or Non-Residential SF
Guest Rooms			
Studio			
One Bedroom			
Two Bedrooms			
Three Bedrooms			
Bedrooms			
Non-Residential SF			
Other			

B. Previous Cases Filed:

	1	2	3
Case No(s).:			
Date Filed:			
Date Approved:			
End of Appeal Period:			
Environmental Case No.:			

⁵ Per SB 8, replacement units shall be equivalent to the number of units and number of bedrooms of the existing development.

7. APPLICATION TYPE

- ☐ Qualified Permanent Supportive Housing (per LAMC Sec. 14.00 A.13 of Ch. 1 or LAMC Sec. 9.4.1.D. (Permanent Supportive Housing Incentive Program) of Ch. 1A as applicable) with **Base Incentives**.
- ☐ Qualified Permanent Supportive Housing (per LAMC Sec. 14.00 A.13 of Ch. 1 or LAMC Sec. 9.4.1.D. (Permanent Supportive Housing Incentive Program) of Ch. 1A as applicable) **Additional Incentives**. Specify Incentives, maximum of five:
- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- ☐ Qualified Permanent Supportive Housing (per LAMC Sec. 14.00 A.13 of Ch. 1 or LAMC Sec. 9.4.1.D. (Permanent Supportive Housing Incentive Program) of Ch. 1A as applicable) with **Additional Waivers** (specify below):
- _____
- _____
- ☐ **Alternative Compliance** – Qualified Permanent Supportive Housing (per LAMC Sec. 14.00 B of Ch. 1 or LAMC Sec. 9.4.1.D.2. (Deviations from Performance Standards) of Ch. 1A) not meeting any or all **Performance Standards** (specify below):
- _____
- _____
- ☐ Project Review per LAMC Sec. 13B.2.4. of Ch. 1A
- ☐ Project Compliance per LAMC Div. 13B.4. of Ch. 1A
- ☐ Community Design Overlay per LAMC Sec. 13.08 of Ch. 1 or LAMC Sec. 8.2.5.D.4. of Ch. 1A, as applicable
- ☐ Coastal Development Permit per LAMC Sec. 13B.9.1. or 13B.9.2. of Ch. 1A
- ☐ Tract or Parcel Map per LAMC Sec. 13B.7.3. or 13B.7.5. of Ch. 1A
- ☐ Other entitlements requested (specify):
- _____
- _____

8. ENVIRONMENTAL REVIEW

- ☐ Project is Exempt⁶
- ☐ Not Yet Filed
- ☐ Filed (Case No.): _____

9. HOUSING DEVELOPMENT PROJECT TYPE & TARGET POPULATION

Check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Dwelling Units | <input type="checkbox"/> Low Income | <input type="checkbox"/> Persons with Substance Abuse |
| <input type="checkbox"/> Guest Rooms | <input type="checkbox"/> Chronically Homeless | <input type="checkbox"/> Persons with HIV/AIDS |
| <input type="checkbox"/> Extremely Low Income | <input type="checkbox"/> Persons with Mental Illness | <input type="checkbox"/> Mixed Use |
| <input type="checkbox"/> Very Low Income | <input type="checkbox"/> Persons with Disabilities | |
| <input type="checkbox"/> Other (describe): _____ | | |

10. DENSITY CALCULATION

A. Base Density: Maximum density allowable per zoning

Lot size	_____ SF (a)
Minimum area per DU	_____ SF of lot area per DU (b) [b = unlimited in all eligible zones, except the RD 1.5 Zones of Ch. 1 or Density District 15 of Ch. 1A where density is 1 unit per 500 SF of lot area]
DUs allowed by right (per LAMC)	_____ DUs (c) [c = a/b, round down to whole number]
Base Density	_____ DUs (d) [d = a/b, round up to whole number]

B. Maximum Allowable Density Bonus _____ DUs (e) [e = unlimited in all eligible zones, except RD 1.5 Zones of Ch. 1 or Density District 15 of Ch. 1A where density is 1 unit per 500 SF of lot area]

⁶ Ministerial Projects (aka, "By-Right") and projects that are eligible for ED 1 ministerial processing do not require CEQA review.

C. Proposed Project: Please indicate total number of Units requested as well as breakdown by levels of affordability set by each category (HCD or HUD). For information on HCD and HUD levels of affordability, please contact the Los Angeles Housing Department (LAHD) at (213) 808-8843 www.housing.lacity.org.⁷

Note: Rent schedules will be determined by LAHD.

	Total	HCD (State)	HUD (TCAC)
Managers Unit(s) - Market Rate	_____	N/A	N/A
Extremely Low Income	_____	_____	_____
Very Low Income	_____	_____	_____
Low Income	_____	_____	_____
Target Population(s) ⁸	_____	_____	_____
TOTAL No. of Units Proposed	_____ (f)		
TOTAL No. of Affordable Housing Units ⁹	_____ (g)		
TOTAL No. of Units for Target Population(s) ¹⁰	_____ (h)		
No. of Density Increase Units	_____ (i) [If f>c, then i=f-c; if f<c, then i= 0]		
Percent Density Increase Requested	_____ (j)		
Percent of Affordable Set Aside	_____ (k) [g/f, round down to a whole number]		
Percent of Target Population Set Aside	_____ (l) [h/f, round down to a whole number]		

⁷ HCD (State) = Published affordability levels per California Department of Housing and Community Development. HUD (TCAC) = Published affordability levels per the United States Department of Housing and Urban Development.

⁸ Target Population = Persons with qualifying lower incomes who (1) have one or more disabilities and are homeless; or (2) are chronically homeless.

⁹ All projects must set aside all dwelling units and/or guest rooms as affordable except for any on site manager unit(s).

¹⁰ A minimum of 50% of the total combined dwelling units or guest rooms must be occupied by the Target Population.

11. PROJECT REVIEW CALCULATION

An application for Project Review may be required for projects that meet any of the Project Review thresholds as outlined in LAMC Section 16.05 C of Chapter 1 or Division 4C.14. (Development Review Threshold Packages) of Chapter 1A, as applicable, unless otherwise exempted. For Qualified Permanent Supportive Housing projects with applied Zoning pursuant to Chapter 1 of the LAMC, please use the formula provided below to determine if the project meets the Site Plan Review threshold for unit count. If project meets the threshold(s) but qualifies under the exemption criteria per LAMC Section 16.05 D of Chapter 1 please confirm exemption with Department of City Planning's DSC Housing Unit.

_____ total units – _____ existing units = _____ units

☐ **Yes, Project Review is required.**

If the total number of units minus existing units is equal to or greater than 121 or 201 (lot with one of the following land use designations: Regional Center Commercial, Regional Commerce, or Regional Mixed Commercial)

☐ **No, Project Review is not required.**

If the total number of units minus existing units is less than 121 or 201 (lot with one of the following land use designations: Regional Center Commercial, Regional Commerce, or Regional Mixed Commercial)¹¹

☐ **Exempt.**

Specify reason: _____

12. INCENTIVES

A. Base Incentives (Check all that apply)

☐ (1) **Density.** Minimum lot area per dwelling unit or guest room exceeds what the zone allows.

☐ (2) **Parking Reductions:**

Unit Types	No. of Units	Space/ Unit	Parking Required	Parking Provided
Target Population		0		
Affordable units not for target population		1		
Affordable units not for target population, but within ½ mile of a transit stop		0.5		
Affordable for 50% AMI or less in Greater Downtown Housing Incentive Area		0		
Guest, supportive services, case management parking		1/20 units		
Manager unit(s)		Per LAMC		
TOTALS				

Percent of parking that will be compact stalls (maximum 40% of required): _____

¹¹ Project Review may also be required if other characteristics of the project exceeds the applicable thresholds.

- ☐ (3) **Floor Area.** Areas designated exclusively for Supportive Services uses or public areas accessible to all residents shall not be considered as floor of the building for purposes of calculating the total allowable floor area.

Size of Supportive Services and public areas: _____ SF

- ☐ (4) **Continuing Existing Use.** Residential Hotels, regardless of existing zones, may be converted to become Qualified Permanent Supporting Housing Projects.
- ☐ (5) **Guest Rooms (projects with applied zoning pursuant to Chapter 1 only).** Will now contain cooking facilities including a sink, refrigerator not exceeding 10 cubic feet, counter space not exceeding 10 SF, and a hotplate or microwave.

B. Additional Incentives (Select up to 5)

Required per LAMC

Proposed per PSH

- ☐ (1) **Yard/Setback**

	Side and Rear Yards	Front Yards
Reductions Allowed	20%	Average of front yards
When Abutting R1 or More Restrictive Zones (Chapter 1 zoning); or, along a property line abutting a property in Density District 1L or any Open Space Use District (Chapter 1A zoning)	No Reductions Allowed	

- ☐ Front¹²

Reductions in front yards are only permitted on R zoned properties (Chapter 1 zoning); or, reductions of the the primary street setback are only permitted in Residential Use Districts (Chapter 1A zoning)

- ☐ Rear

- ☐ Side (1)

- ☐ Side (2)

- ☐ (2) Lot/Building Coverage

- ☐ (3) FAR

¹²Provide a survey or plans that clearly demonstrate the front yard setbacks of adjacent lots.

	FAR
Increases Allowed	Up to a 35% increase
In the RD1.5 Zones (Chapter 1 zoning) or Density District 15 (Chapter 1A zoning)	Up to a 20% increase
In Commercial Zones (Chapter 1 zoning); or, in Commercial or Commercial-Mixed Use Districts (Chapter 1A zoning)	Up to a ratio of 3:1

- ☐ (4) Height/No. of Stories _____
 Transitional Height (check one): ☐ Per LAMC ☐ Per Qualified PSH Ordinance¹³ ☐ N/A
- ☐ (5) Open Space (Chapter 1 zoning) _____
- ☐ (6) Common Open Space
 (Chapter 1 zoning) _____
- ☐ (7) Lot Amenity Space (Chapter 1A zoning)
- ☐ (8) Residential Amenity Space (Chapter 1A zoning)
- ☐ (9) Averaging (all count as one incentive – mark as many as needed)
- ☐ FAR
- ☐ Density
- ☐ Parking
- ☐ Open Space
- ☐ Vehicular Access
- ☐ (10) Ground Floor Use
- ☐ (11) Other (specify): _____

Other Incentive Notes:

TOTAL # of Additional Incentives Requested: _____

¹³Provide elevations that clearly demonstrate the 45-degree angle to determine the allowed height.

13. COVENANT (LOS ANGELES HOUSING DEPARTMENT):

All Qualified Permanent Supporting Housing Projects are required to prepare and record an Affordability Covenant to the satisfaction of the Los Angeles Housing and Community Investment Department's Occupancy Monitoring Unit **before** a building permit can be issued. Contact the Los Angeles Housing Department (LAHD) at (213) 808-8843 or lahd.landuse@lacity.org.

City Planning. All QPSH Projects are required to prepare and record a Covenant and Agreement ([CP-6770](#)) with the Performance Standards on the following page as an Exhibit to the Covenant, to the satisfaction of the City Planning's AHSS **before** a building permit can be issued. Contact AHSS at planning.priorityhousing@lacity.org.

14. COVENANT (LOS ANGELES CITY PLANNING):

All Qualified Permanent Supportive Housing projects are required to prepare and record a Covenant for the Performance Standards to the satisfaction of the Los Angeles Department of City Planning's AHSS **before** a building permit can be issued.

15. REPLACEMENT UNITS:

AB 2222, as amended by AB 2556, requires that density bonus eligible projects replace any pre-existing affordable housing units on the project site. Replacement units include the following: *(Answer the following with yes if any of these items apply to what is **currently existing** on the site or no if they do not. Write in N/A if the item is not applicable to your project)*

- A. Units subject to a recorded covenant, ordinance, or law that restricts rents to levels affordable to persons and families of lower or very low income? _____
- B. Units occupied by lower or very low income households below 80% AMI per California Department of Housing and Community Development Department levels not already listed above? _____
- C. Units subject to the Rent Stabilization Ordinance not already listed above? _____
- D. Units that have been vacated or demolished in the last 5 years? _____
- E. Per AB 2556, are the number of replacement units and number of bedrooms equivalent to that being demolished (as shown on Existing Development Table on page 2 above)? _____

Disclaimer: This review is based on the information and plans provided by the applicant at the time of submittal of this form. Applicants are advised to verify any zoning issues such as height, parking, setback, and any other applicable zoning requirements with Building and Safety.

THIS SECTION TO BE COMPLETED BY AHSS STAFF ONLY

VI. PERFORMANCE STANDARDS SUMMARY AND FINAL APPROVAL

Does the Project meet all of the following Performance Standards? All answers must be “Yes.” If not, the applicant must file for Alternative Compliance.

Item #	Description of Performance Standard	Plan Sheet(s) Demonstrating Compliance (List Sheet # or Justification)	YES	NO
1	Location Requirement		<input type="checkbox"/>	<input type="checkbox"/>
2	Unit/Guest Room Requirements		<input type="checkbox"/>	<input type="checkbox"/>
3	On-site Supportive Services Requirement		<input type="checkbox"/>	<input type="checkbox"/>
4	Façade Transparency		<input type="checkbox"/>	<input type="checkbox"/>
5	Massing		<input type="checkbox"/>	<input type="checkbox"/>
6	Mechanical Equipment – Roof Mounted		<input type="checkbox"/>	<input type="checkbox"/>
7	Mechanical Equipment – Wall Mounted		<input type="checkbox"/>	<input type="checkbox"/>
8	Building Orientation		<input type="checkbox"/>	<input type="checkbox"/>
9	Landscaping		<input type="checkbox"/>	<input type="checkbox"/>
10	Lighting		<input type="checkbox"/>	<input type="checkbox"/>
11	Surface Parking		<input type="checkbox"/>	<input type="checkbox"/>
12	At-Grade Parking		<input type="checkbox"/>	<input type="checkbox"/>
13	Construction Standards		<input type="checkbox"/>	<input type="checkbox"/>
14	Historic Resources		<input type="checkbox"/>	<input type="checkbox"/>

Date of Written Notification to Public: _____ Date of Public Posting: _____

Planning Staff Name & Title: _____

Planning Staff Signature: _____ Approval Date: _____

Approval date must be on or after _____ which is 30 days after the Notification of Application dates.