

APPLICATIONS



REPLACEMENT AND INCLUSIONARY HOUSING WORKSHEET Central City West Specific Plan

This form is to serve as a guide to calculate the number of Replacement and Inclusionary Units required by Section 11 of the [Central City West Specific Plan \(CCWSP\)](#). Please review Section 11 of the CCWSP for additional information and complete provisions. This form is intended to complement the Department of City Planning Application ([CP-7771.1](#)) and Geographic Project Planning Referral Form ([CP-7812](#)), both of which are required for filing all Projects in the CCWSP Area.

Exempt: Projects with 10 or less units are exempt from the replacement and inclusionary housing requirements of the CCWSP and do not need to complete this form.

Note: Projects must comply with all replacement and inclusionary housing requirements of the CCWSP in addition to other State and local replacement and affordable housing requirements.

INSTRUCTIONS

1. Prior to completing this form, contact the Los Angeles Housing Department (LAHD) at lahd-landuse@lacity.org to obtain a Replacement Unit Determination (RUD) for the CCWSP. Note: The CCWSP RUD is required in addition to any other required RUD from LAHD.
2. Submit a copy of the signed CCWSP RUD from LAHD and completed Replacement and Inclusionary Housing Worksheet to the Central Project Planning Division of Los Angeles City Planning for review and signature.
3. Include a copy of the signed CCWSP RUD from LAHD and completed and signed Replacement and Inclusionary Housing Worksheet with your application materials at the time of case filing.

PROJECT DESCRIPTION

Project Address(es): _____

Assessor Parcel Number(s): _____

Zone: _____

Proposed Project¹: _____

¹ Provide detailed information on the number and income levels of dwelling units and/or guest rooms to be demolished

PROJECT TEAM INFORMATION

Owner

Name: _____

Company: _____

Phone Number: _____ E-mail: _____

Applicant

Name: _____

Company: _____

Phone Number: _____ E-mail: _____

Representative

Name: _____

Company: _____

Phone Number: _____ E-mail: _____

REPLACEMENT AND INCLUSIONARY HOUSING DETERMINATION

Instructions:

If the proposed Project is a Commercial or Industrial Project, proceed to **Section A**.

If the proposed Project is a Residential or Mixed-Use Project, proceed to **Section B**.

SECTION A. COMMERCIAL AND INDUSTRIAL PROJECTS

1. CCWSP Section 11.B.1.a

All commercial and industrial Project Applicant(s) shall document and replace, on a one-for-one basis in the form of new dwelling unit construction, any Low-, Very Low-, and Extremely Low-Income dwelling units and/or guest rooms demolished on the Project lot or lots on or after February 24, 1984. Please refer to Section 11.B.1.a of the CCWSP for additional information and complete provisions.

2. Replacement Units

Please indicate the number and income levels for: (1) all units demolished between February 24, 1984 and April 3, 1991; (2) all units demolished or to be demolished after April 3, 1991; and (3) replacement units required as determined by LAHD in the RUD for the CCWSP.

Number of Dwelling Units Demolished/To Be Demolished Since February 24, 1984: _____

Number of Guest Rooms Demolished/To Be Demolished Since February 24, 1984: _____

Income Levels	No. of Units/Guest Rooms Demolished between February 24, 1984 and April 3, 1991	No. of Units/Guest Rooms Demolished/ To Be Demolished after April 3, 1991	No. of Replacement Units/Guest Rooms Required per LAHD ²
Low Income (LI)			
Very Low Income (VLI)			
Extremely Low Income (ELI)			
Market Rate			
Unknown Income Level			
Total			

3. Unit Mix

CCWSP Section 11.C.1.a requires a minimum of 30% of the required replacement dwelling units for a commercial or industrial Project to be two bedrooms or larger.

Total Number of Replacement Units Required: _____

Required Number of Replacement Units with Two Bedrooms or Larger: _____

Proposed Number of Replacement Units with Two Bedrooms or Larger: _____

4. Number, Income Levels, and Bedrooms Proposed

Please indicate the number, income levels and number of bedrooms for all replacement units proposed.

Income Levels	No. of Units Proposed	No. of Bedrooms
Low Income		
Very Low Income		

SECTION B. RESIDENTIAL AND MIXED-USE PROJECTS

1. CCWSP Section 11.B.2.a

All multiple-family residential or Mixed-Use Projects are subject to either the Replacement Dwelling Unit or Inclusionary Housing requirement, whichever results in the greater number of affordable dwelling units. Please refer to Section 11.B.2.a of the CCWSP for additional information and complete provisions.

² If no documentation on the income category of the demolished dwelling units exists for units that were demolished between February 24, 1984 and April 3, 1991, replacement units shall be provided at the ratio of 60% VLI dwelling units and 40% LI dwelling units per CCWSP Section 11.B.1.d. If no documentation on the income category of the demolished dwelling units exists for units that were demolished or will be demolished after April 3, 1991, replacement units shall be determined by LAHD based on the U.S. Department of Housing and Urban Development (HUD) Comprehensive Housing Affordability Strategy (CHAS) database.

2. Instructions

Complete the Table(s) below. For Projects that have demolished dwelling units and/or guest rooms on the subject property on or after February 14, 1988, complete both Replacement and Inclusionary Tables to determine the total number of replacement or inclusionary units required. For Projects that have not demolished any dwelling units and/or guest rooms on the subject property on or after February 14, 1988, complete only the Inclusionary Table.

3. Replacement Units

Please indicate the number and income levels for: (1) all units demolished between February 24, 1984 and April 3, 1991; (2) all units demolished or to be demolished after April 3, 1991; and (3) replacement units required as determined by LAHD in the Replacement Unit Determination for the CCWSP.

Number of Dwelling Units Demolished/To Be Demolished Since February 24, 1984: _____

Number of Guest Rooms Demolished/To Be Demolished Since February 24, 1984: _____

Replacement Units Table

Income Levels	No. of Units/Guest Rooms Demolished between February 24, 1984 and April 3, 1991	No. of Units/Guest Rooms Demolished/ To Be Demolished after April 3, 1991	No. of Replacement Units/Guest Rooms Required per LAHD³
Low Income			
Very Low Income			
Extremely Low Income			
Market Rate			
Unknown Income Level			
Total			

4. Inclusionary Units

Please indicate the number of base density, number of LI dwelling units required based on 15% of the base density, and number of VLI dwelling units required based on 8% of the base density. The Applicant may choose to provide either 15% LI or 8% VLI of the base density in the event the number of required inclusionary units is greater than the number of required replacement units.

³ If no documentation on the income category of the demolished dwelling units exists for units that were demolished between February 24, 1984 and April 3, 1991, replacement units shall be provided at the ratio of 60% VLI dwelling units and 40% LI dwelling units per CCWSP Section 11.B.1.d. If no documentation on the income category of the demolished dwelling units exists for units that were demolished or will be demolished after April 3, 1991, replacement units shall be determined by LAHD based on the U.S. Department of HUD CHAS database.

Inclusionary Units Table

No. of Base Permitted Units	No. of LI Units Required (15% of Base)	No. of VLI Units Required (8% of Base)

5. Unit Mix

a. Replacement Units

CCWSP Section 11.C.1.b requires a minimum of 30% of the required replacement units for a Mixed-Use Project to be two bedrooms or larger, and a minimum of 50% of the required replacement units for a residential Project to be two bedrooms or larger.

b. Inclusionary Units

CCWSP Section 11.C.3 requires a minimum of 30% of the LI or VLI dwelling units required to be reserved in residential Projects shall be two bedrooms or larger.

Total Number of Replacement or Inclusionary Units Required: _____

Required Number of Replacement or Inclusionary Units with Two Bedrooms or Larger: _____

Proposed Number of Replacement or Inclusionary Units with Two Bedrooms or Larger: _____

6. Number, Income Levels, and Bedrooms Proposed

Please indicate the number, income levels, and number of bedrooms for all replacement units proposed.

Income Levels	No. of Units Proposed	No. of Bedrooms
Low Income		
Very Low Income		
Extremely Low Income		
Market Rate		
Total		

THIS SECTION TO BE COMPLETED BY
CENTRAL PROJECT PLANNING STAFF ONLY

Project Planning Signature: _____ Phone Number: _____

Print Name: _____ Date: _____