

City of Piedmont
RENT-RESTRICTED ACCESSORY DWELLING UNIT
ANNUAL AFFORDABLE RENT CERTIFICATION

This Certification is to be completed on an annual basis, effective each December 31 and submitted by the Owner concurrently with the Owner's application for and/or renewal of the City's business license, and upon any change in occupancy or any change in the composition of the accessory dwelling unit household. Please provide all required information below.

Primary Unit Address: _____

Rent-Restricted Accessory Dwelling Unit for (please check one):

- Low Income Households Very Low Income Households Extremely Low Income Households

Accessory Dwelling Unit Type (please check one):

- Studio 1-Bedroom 2-Bedroom 3-Bedroom

Owner's Name: _____

Owner's Mailing Address: _____

Is accessory dwelling unit currently occupied? Yes _____ No _____

If the accessory dwelling unit is rented, date current lease expires _____

Please provide a copy of the written lease agreement, if any.

Monthly Rent for the Accessory Dwelling Unit*: \$ _____

Utilities Provided by Owner, the cost of which is Included in the Monthly Rent:

____ Electricity

____ Gas

____ Water and Sewer Service

____ Garbage Collection

I declare, under penalty of perjury under the laws of the State of California, that the foregoing statements are true of my own knowledge.

Signature of Owner(s)

Date

* As per your Declaration of Rent Restrictions, the accessory dwelling unit must be rented to an extremely low, very low or low income household at an affordable rent level. The California Department of Housing and Community Development defines these income categories and establishes State Income Limits on an annual basis. Please see the Planning Staff for a copy of current State Income Limits and a schedule of Maximum Affordable Rent Levels.

Tenant's Name (if applicable): _____

Accessory Dwelling Unit Occupants' Mailing Address: _____

Number of Occupants in the Accessory Dwelling Unit: _____

Occupants:

	Name	Age
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Accessory Dwelling Unit Household's Gross Annual Income
Include only income from occupants age 18 and over.

	Occupant 1	Occupant 2	Occupant 3
Wages	_____	_____	_____
Child/Spousal Support (deduct if paid out)	_____	_____	_____
Social Security Benefits	_____	_____	_____
Pensions and Annuities	_____	_____	_____
Unemployment Compensation	_____	_____	_____
Welfare	_____	_____	_____
Disability Benefits	_____	_____	_____
VA Benefits	_____	_____	_____
IRA Distributions	_____	_____	_____
Interest and Dividends	_____	_____	_____
Business Net Income	_____	_____	_____
Capital Gains	_____	_____	_____
Other Income	_____	_____	_____
TOTAL	_____	_____	_____

I declare, under penalty of perjury under the laws of the State of California, that the foregoing statements are true of my own knowledge.

Signature of Accessory Dwelling Unit Occupant

Date