



# City of El Segundo

Community Development  
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## SB 330 PROTECTED UNIT DETERMINATION FORMS – SUPPLEMENTAL APPLICATION

### Overview of SB 330

SB 330, the Housing Crisis Act of 2019, was signed into law by Governor Gavin Newsom on October 9, 2019, and remains in effect until 2030. SB 330 defines a “housing development project” as a residential project with two or more dwelling units; a mixed-use project with at least 2/3 of the square footage designated for residential use; or a transitional or supportive housing project.

Provisions in SB 330 prohibit approval of a new housing development project requiring the demolition of existing residential units, unless the project replaces equal to, or more than, the number of residential units that would be demolished. Where a building with residential units was demolished in the last five (5) years prior to an application, the replacement project must provide at least equal to, or more than, the number of residential units that were previously on the site during the five-year period. SB 330 applies to permitted or unpermitted residential units subject to this law.

### Protected Units under SB 330

SB 330 requires additional protections to prevent the demolition of existing residential dwelling units with “protected” status. Protected units are defined as dwellings that are or were:

- Subject to a recorded covenant, ordinance, or law restricting rents to levels affordable to persons and families of Low or Very Low income in the last five (5) years
- Subject to any form of rent or price control/stabilization through a local ordinance in the last five (5) years
- Rented by Low or Very Low income households in the last five (5) years
- Withdrawn from rent or lease in accordance with the Ellis Act within the last 10 years

Under SB 330, the City cannot approve a housing development project that will demolish protected units unless:

- The proposed project replaces all existing or previously demolished protected units
- The project includes at least as many residential units as the greatest number of residential units that existed on the site within the last five (5) years
- Replacement protected units subject to rent or price control/stabilization are made available as rental units with an affordability restriction for at least 55 years
- Existing occupants will be allowed to stay in their units until six (6) months before the start of construction activities with proper notice
- Existing occupants who are required to leave their units shall be allowed to return at their prior rental rate if the demolition does not proceed and the property returns to a rental
- The developer agrees to provide existing occupants:
  - Relocation benefits pursuant to state or local law, whichever requires greater assistance
  - A right of first refusal for a comparable unit available in the new housing development project at an affordable price for rent or sale

### Determination of Protected Unit Status

Concurrent with the application for a housing development project, an applicant is required to submit this completed “SB 330 Protected Unit Determination Forms – Supplemental Application.” This application includes forms to be completed by the property owner/applicant and tenant(s). City staff will use the reported information to determine the following: if existing residential dwelling

units qualify as protected units, the number of replacement protected units required, units occupied by households with Low and Very Low income, and total household income of the tenant(s). Additionally, this information will be used to determine the provision of relocation benefits and a right of first refusal for a tenant(s) residing in protected units to be demolished.

## FORM 1: TO BE COMPLETED BY PROPERTY OWNER/APPLICANT

Date: \_\_\_\_\_ Case No. \_\_\_\_\_

### Property Information

Site Address: \_\_\_\_\_

APN(s): \_\_\_\_\_

Zoning: \_\_\_\_\_ General Plan Designation: \_\_\_\_\_ Overlays: \_\_\_\_\_

### Property Owner

Applicant Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Applicant (if different from owner)

Property Owner Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### General Residential Unit Information

*A housing development project cannot be approved if it requires demolition that reduces of the total residential units on-site now or in the last five (5) years. Please answer the following questions.*

1. Does the project require demolition of existing units?  Yes  No

2. Number of current total units on-site:

3. Number of existing units to be demolished:

4. Number of units that existed on-site in the last five (5) years that were demolished:

5. Number of proposed new units in total:

## FORM 1: TO BE COMPLETED BY PROPERTY OWNER/APPLICANT (continued)

### Protected Unit Information

*For each residential dwelling unit that is proposed to be demolished, or that was previously demolished within the last five (5) years, whether occupied or vacant, please answer the following questions to determine protected status.*

- 1. Are there units that are currently, or were within the last five (5) years, subject to a recorded covenant, ordinance, or law restricting rents to levels affordable to households of low or very low income?**

Yes  No

Number of restricted units:

- 2. Are there units that are currently, or were within the last five (5) years, subject to any form of rent or price control/stabilization through a local ordinance?**

Yes  No

Number of rent control/stabilized units:

- 3. Are there any units being demolished that are currently, or were within the last five (5) years, occupied by Low income or Very Low income households?**

Yes  No

Number of units occupied by Low or Very Low income households:

- 4. Are there any units on the property that were withdrawn from rent or lease in accordance with the Ellis Act within the last ten (10) years?**

Yes  No

Number of withdrawn units:

**FORM 1: TO BE COMPLETED BY PROPERTY OWNER/APPLICANT (continued)**

**Tenants in Protected Units**

*For units to which you answered “Yes” in the Protected Unit Information section, please answer the following questions regarding tenants. Use additional sheets if necessary.*

Family or tenant name(s) in Household	Address with Unit #	Unit Size (sq ft)	Number of Bedrooms	Rent paid	Household Size	Household Gross Income*	Household Income Category*

\*Where the household income of current or previous tenants is unknown for determination of affordability, replacement protected units shall be provided as affordable to Low and Very Low income households in an amount proportional to the number of Low and Very Low income households present in the jurisdiction according to the most current data from the Comprehensive Housing

## FORM 2: TO BE COMPLETED BY TENANT(S)

### Household Income Verification

*Each tenant residing in a qualified Protected Unit to be demolished is requested to complete this form. City staff will use the information to determine affordability requirements for replacement units. Your participation will assist with ensuring that affordable Protected Units are preserved and determining whether you are entitled to certain rights and benefits.*

<b>UNIT INFORMATION:</b>			
Property Address:			
Unit Number:		Number of Bedrooms:	
Number in Household:			
Name(s) of Occupants:			

#### **Option 1 – Verify Household Income**

Gross Household Income for Past five (5) years:

Current Monthly Household Income:

Types of Income Verification required for each household member with any source of income:

- 1) Copies of two (2) most recent payroll stubs
- 2) Signed copies of two (2) most recent income tax returns and W-2 forms
- 3) Bank statements for the last six (6) most recent months
- 4) Lease agreement

#### **Option 2 – Decline to Verify Household Income**

I decline to provide financial information for the purposes of this determination.\*

Tenant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Where the household income of current or previous tenants is unknown for determination of affordability, replacement protected units shall be provided as affordable to Low and Very Low income households in an amount proportional to the number of Low and

Very Low income households present in the jurisdiction according to the most current data from the Comprehensive Housing Affordability Strategy (CHAS) database provided by the Department of Housing and Urban Development (HUD). HUD's CHAS database can be accessed here: <https://www.huduser.gov/portal/datasets/cp.html>

### FORM 3: TO BE COMPLETED BY TENANT(S)

#### Relocation Benefits

***Each tenant residing in a qualified Protected Unit to be demolished is requested to complete this form. City staff will use the information to determine the tenant's relocation benefit requirements for the property owner. Use additional sheets if necessary.***

Property: \_\_\_\_\_ Owner: \_\_\_\_\_  
Address including apartment or unit number

#### ***Option 1: Accept Relocation Benefits***

I, \_\_\_\_\_, hereby certify that I was a tenant of the above described property (Property) from \_\_\_\_\_ to \_\_\_\_\_ involved in this application. I do not waive my relocation benefits. I want to receive relocation benefits from the property owner.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_ Date signed: \_\_\_\_\_

#### ***Option 2: Waiver of Relocation Benefits***

I, \_\_\_\_\_, hereby certify that I was a tenant of the above described property (Property) from \_\_\_\_\_ to \_\_\_\_\_ involved in this application. I waive my relocation benefits. I do not want to receive relocation benefits from the property owner.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_ Date signed: \_\_\_\_\_

### FORM 4: TO BE COMPLETED BY TENANT(S)

#### Right of First Refusal

*Each tenant residing in a qualified Protected Unit to be demolished is requested to complete this form. City staff will use the information to determine if the tenant wants the right of first refusal to rent or buy replacement units from the property owner. Use additional sheets if necessary.*

Property: \_\_\_\_\_ Owner: \_\_\_\_\_  
Address including apartment or unit number

#### Option 1: Accept Right of First Refusal

I, \_\_\_\_\_, hereby certify that I was a tenant of the above described property (Property) from \_\_\_\_\_ to \_\_\_\_\_ involved in this application. I do not waive my Right of First Refusal. I want the Right of First Refusal to rent or buy a replacement unit from the property owner.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_ Date signed: \_\_\_\_\_

#### Option 2: Waiver of Right of First Refusal

I, \_\_\_\_\_, hereby certify that I was a tenant of the above described property (Property) from \_\_\_\_\_ to \_\_\_\_\_ involved in this application. I do not waive my Right of First Refusal. I want the Right of First Refusal to rent or buy a replacement unit from the property owner.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_ Date signed: \_\_\_\_\_

**FORM 5: TO BE COMPLETED BY PROPERTY OWNER/APPLICANT**

**Verification of Notice to Vacate Occupancy**

*Complete this form to certify that you have properly issued the tenant(s) a Notice to Vacate Occupancy for protected units to be demolished. Attach a copy of the Notice to Vacate as required. Use additional sheets if necessary.*

Property: \_\_\_\_\_

Address including apartment or unit number

I, \_\_\_\_\_, hereby certify that I am the property owner/authorized agent of the above described property (Property) involved in this application. I have issued to the tenant(s) a Notice to Vacate Occupancy for the protected unit at the Property. I have attached a copy of the Notice to Vacate Occupancy with this form.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_ Date signed: \_\_\_\_\_



## FORM 6: TO BE COMPLETED BY PROPERTY OWNER/APPLICANT

### Property Owner/Applicant Affidavit

Under penalty of perjury the following declarations are made:

1. The undersigned is the owner or authorized agent of the owner of this property.
2. The information presented is true and correct to the best of my knowledge.
3. Other information or applications may be required.
4. I hereby authorize City staff to conduct a site visit of this property as part of the City's review of this application, making all portions of the interior and exterior accessible through completion of construction and in response to the monitoring of any condition of approval.
5. I attest that personally identifiable information (PII) - i.e. social security numbers, driver's license numbers, bank accounts - have not been provided as part of this application. Furthermore, where supplemental information is required by this application, PII has been redacted prior to submittal to the Planning Department. I understand that any information provided to the Planning Department becomes part of the public record and can be made available to the public for review and/or posted to Department websites.

Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to project (e.g. owner, applicant): \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_ Date signed: \_\_\_\_\_

## FORM 7: TO BE COMPLETED BY STAFF

### Protected Units Replacement Determination (Office Use Only)

1. Number of demolished Protected Units:
2. Number of demolished Protected Units rented or presumed\* for Low income:
3. Number of demolished Protected Units rented or presumed\* for Very Low income:
4. Are replacement Protected Units required?  Yes  No
5. If “yes,” how many, at what affordability level, and number of bedrooms?

Affordability Level	Number of Units Required	Number of Bedrooms per Unit
Low income		
Very Low income		

Staff analysis:

\*Where the household income of current or previous tenants is unknown for determination of affordability, replacement protected units shall be provided as affordable to Low and Very Low income households in an amount proportional to the number of Low and Very Low income households present in the jurisdiction according to the most current data from the Comprehensive Housing

Affordability Strategy (CHAS) database provided by the Department of Housing and Urban Development (HUD). HUD's CHAS database can be accessed here: <https://www.huduser.gov/portal/datasets/cp.html>

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_