901 P Street, Suite 213A □ Sacramento, CA 95814

(916) 654-6340 □ (916) 654-6033 (Fax)

LOCAL REVIEWING AGENCY (LRA)

**PROJECT EVALUATION FORM**

**2025 Low-Income Housing Tax Credit Application**

(PLEASE USE EXTRA SHEETS AS NECESSARY)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project Name:** |  |  | Project Number: | | CA-25- |
| **Local Agency:** |  | | | | |
| **Mailing Address:**  **(for payment)** |  | | | | |
|  | , CA | | | | |
| **Reviewer’s Name:** |  | | | | |
| **Email Address:** |  | | | | |
| **Telephone Number:** |  |  | **Fax:** |  | |
|  |  |  |  |  | |

# Site Information

1). Please confirm the census tract number for the site. Tract #

2). Please list the numbers for the following districts in which the project is located:

|  |  |  |
| --- | --- | --- |
| State Assembly District: |  |  |
| State Senate District: |  |  |
| Federal Congressional District: |  |  |

3). Please describe the existing use of the project site and surrounding area. ***Please attach photos.***

4). Please describe the uses of properties adjacent to the site.

5). Please check the following amenities that are in proximity to the site. Please identify the amenity by name and distance of the amenity from the site in (please indicate if the verification was based on field visit, or mapping information). Distances from project to amenity are measured by a standardized radius from the nearest point of any property line (does not have to be point of ingress/egress), but must not include any physical barriers.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. ***Bus Rapid Transit Station(s), Light Rail Station(s), Commuter Rail Station(s), Ferry Terminal, Bus Station(s), Public Bus Stop(s):*** | | | | **Yes** |  | **No** | |  |
| (Type of stop) | *Distance at or within* | ⅓ mile, | ½ mile |  | | |  | |
|  | |  |  |  | | |  | |
|  | |  | Field Visit | Mapping Method | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***Any physical barrier(s) present*, *such as freeways and rivers* *that would necessitate a circuitous route to amenity?*** | **Yes** |  | **No** |  |
|  | If yes, explain: | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***b) Public Park(s) or Community Center, Accessible to General Public:*** | | | | **Yes** |  | **No** | |  |
| (Name/Address) | *Distance at or within* | ½ mile, | ¾ mile, | 1 mile | | | 1½ miles | | |
|  | |  |  |  | | |  | |
|  | |  | Field Visit | Mapping Method | | | | |
|  | |  |  |  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (Name/Address) | *Distance at or within* | ½ mile, | ¾ mile, | 1 mile | 1½ miles | |
|  | |  |  |  |  |
|  | |  | Field Visit | Mapping Method | |
|  | |  |  |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***Any physical barrier(s) present*, *such as freeways and rivers* *that would necessitate a circuitous route to amenity?*** | **Yes** |  | **No** |  |
|  | If yes, explain: | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***c) Book-Lending Public Library(ies):*** | | | | **Yes** |  | **No** | |  |
| (Name/Address) | *Distance at or within* | ½ mile, | 1 mile, | 2 miles | | |  | |
|  | |  |  |  | | |  | |
|  | |  | Field Visit | Mapping Method | | | | |
|  | |  |  |  | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (Name/Address) | | *Distance at or within* | ½ mile, | 1 mile, | 2 miles | | |  | |
|  | | |  |  |  | | |  | |
|  | | |  | Field Visit | Mapping Method | | | | |
|  | | |  |  |  | | | | |
|  | ***Any physical barrier(s) present*, *such as freeways and rivers* *that would necessitate a circuitous route to amenity?*** | | | | **Yes** |  | **No** | |  |
|  | If yes, explain: | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***d) Public School(s) (elementary, middle, high school), Adult Education campus of a school district, Community College, Senior Center or Service Facility(ies) for SRO and Special Needs Population:*** | | | | **Yes** |  | **No** | |  |
| (Type of Facility/Name/Address) | *Distance at or within* | ¼ mile, | ½ mile, | ¾ mile, | | |  | |
|  |  | 1 mile, | 1½ mile, | 2 miles | | |  | |
|  | |  |  |  | | |  | |
|  | |  | Field Visit | Mapping Method | | | | |
|  | |  |  |  | | | | |
|  | |  |  |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (Type of Facility/Name/Address) | *Distance at or within* | ¼ mile, | ½ mile, | ¾ mile, |  |
|  |  | 1 mile, | 1½ mile, | 2 miles |  |
|  | |  |  |  |  |
|  | |  | Field Visit | Mapping Method | |
|  | |  |  |  | |
|  | |  |  |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***Any physical barrier(s) present*, *such as freeways and rivers* *that would necessitate a circuitous route to amenity?*** | **Yes** |  | **No** |  |
|  | If yes, explain: | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***e) Grocery Store/Supermarket*** (where staples, fresh meat and fresh produce are sold and the interior gross square feet exceed 25,000): | | | | **Yes** |  | **No** | | |  |
| (Name/Address) | *Distance at or within* | ½ mile, | 1 mile | 1½ miles | | | |  | |
|  | | 2 miles | 3 miles |  | | | |  | |
|  | |  | Field Visit | Mapping Method | | | | | |
|  | | *Approx. Gross Interior Square Footage:* | | | | |  | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (Name/Address) | | *Distance at or within* | ¼ mile, | ½ mile | 1 mile | | | |  | |
|  | | | 1½ miles | 2 miles | 3 miles | | | |  | |
|  | | |  | Field Visit | Mapping Method | | | | | |
|  | | | *Approx. Gross Interior Square Footage:* | | | | |  | | |
|  | ***Any physical barrier(s) present*, *such as freeways and rivers* *that would necessitate a circuitous route to amenity.*** | | | | **Yes** |  | **No** | | |  | |
|  | If yes, explain: | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***f) Neighborhood Market***(where staples, fresh meat and fresh produce are sold gross square feet exceed 5,000): | | | | **Yes** |  | **No** | |  |
| (Name/Address) | *Distance at or within* | ¼ mile, | ½ mile, | 1 mile | | |  | |
|  | |  |  |  | | |  | |
|  | |  | Field Visit | Mapping Method | | | | |
|  | | *Approx. Gross Interior Square Footage:* | | | | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***Any physical barrier(s) present*, *such as freeways and rivers* *that would necessitate a circuitous route to amenity.*** | **Yes** |  | **No** |  |
|  | If yes, explain: | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***g) Farmers’ Market*** (certified by the California Farmers’ Markets maintained by the CA Dept. of Food and Agriculture): | | | | **Yes** |  | **No** | |  |
| (Name/Address) | *Distance at or within* | ½ mile, | 1 mile, |  | | |  | |
|  | |  |  |  | | |  | |
|  | |  | Field Visit | Mapping Method | | | | |
| *List months of operation per calendar year:* | |  | |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***Any physical barrier(s) present*, *such as freeways and rivers* *that would necessitate a circuitous route to amenity.*** | **Yes** |  | **No** |  |
|  | If yes, explain: | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***h) Medical Clinic or Public Hospital:*** | | | | **Yes** |  | **No** | |  |
| (Name/Address) | *Distance at or within* | ½ mile, | 1 mile, | 1½ miles | | |  | |
|  | |  | | | | |  | |
|  | |  | Field Visit | Mapping Method | | | | |
|  | |  |  |  | | | | |
| (Name/Address) | *Distance at or within* | ½ mile, | 1 mile | 1½ miles | | |  | |
|  | |  | | | | |  | |
|  | |  | Field Visit | Mapping Method | | | | |
|  | |  |  |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***Any physical barrier(s) present*, *such as freeways and rivers* *that would necessitate a circuitous route to amenity.*** | **Yes** |  | **No** |  |
|  | If yes, explain: | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***i) Pharmacy***(can be part of other site amenity, i.e. within a grocery store): | | | | **Yes** |  | **No** | |  |
| (Name/Address) | *Distance at or within* | ½ mile, | 1 mile | 2 miles | | |  | |
|  | |  | | | | |  | |
|  | |  | Field Visit | Mapping Method | | | | |
|  | |  |  |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***Any physical barrier(s) present*, *such as freeways and rivers* *that would necessitate a circuitous route to amenity.*** | **Yes** |  | **No** |  |
|  | If yes, explain: | | | | |

**Land Use/Planning**

### 6). Does the site seem appropriate for the proposed project? Yes No

*If no, please explain:*

### 7). Does the exact parcel exist? Yes No

### 8). Are there any environmental/toxic concerns with the site? Yes No

If yes, please explain, including any environmental studies that have been conducted or clearances that will need to be obtained:

### 9). Are there any other environmental or land use issues associated with the site?

*If yes, please explain:* **Yes**  **No**

10). What is the current zoning and maximum number of units allowed for the site?

11). Does the project currently comply with all applicable local land use and zoning ordinances?

*If no, please explain:*  **Yes  No**

12). For 9% applications **only**, please complete the following table and confirm all necessary public or tribal approvals subject to the discretion of local or tribal elected officials, necessary to begin construction are either finally approved or unnecessary by **March 18, 2025** with appeal periods, if any, expired by **April 17, 2025**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Action** | **Requirement** (Check if Applicable) | | **Type of Approval**  **Required** | **Approval**  **Date** | **Appeal**  **Expiration Date** |
|  | **Yes** | **No** | By Right, Ministerial, Discretionary |  |  |
| Streamlined Ministerial Approval (SB35) |  |  |  |  |  |
| Streamlined Approval (     ) |  |  |  |  |  |
| Site/Plot Plan Review |  |  |  |  |  |
| Parcel Map |  |  |  |  |  |
| Conditional Use Permit |  |  |  |  |  |
| Variance Approval |  |  |  |  |  |
| Change of Zone |  |  |  |  |  |
| General Plan Amendment |  |  |  |  |  |
| Development Agreement or similar |  |  |  |  |  |
| Phase I Environmental Site Assessment |  |  |  |  |  |
| CEQA Review |  |  |  |  |  |
| Soil and Toxic Reports |  |  |  |  |  |
| Article 34 of State Constitution |  |  |  |  |  |
| Design/Architectural Review |  |  |  |  |  |
| Coastal Commission |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Other: |  |  |  |  |  |

13). Are you aware of any state/local approvals still required from the Planning Commission, City Council, or Board of Supervisors for this project? **Yes**  **No**

*If yes, please list:*

### 14). a) For 9% applications only, have all the appeal periods been exhausted for any recent approvals? Yes No

b) Does this project have any zoning or land use approvals pursuant to a state streamlined approval requirement?  **Yes  No**

*If yes, please explain:*

### Housing Need & Neighborhood Revitalization and Balanced Communities

15). Is this type of affordable housing needed within the community or region in which it is located? **Yes  No**

*Please explain:*

16). Is there a greater need for other types of housing? **Yes  No**

*Please explain, including a determination of how need is measured in your community:*

17) Do you believe this project will have a negative impact on the affordable projects in the market area? **Yes  No**

*Comments:*

1. Is the market study for this project reasonably accurate in its assessment of the demand for this project?  **Yes  No**

*Comments:*

19) Is the market study for this project reasonably accurate in its assessment of the projects’ market-rate rent advantage? **Yes  No**

*Comments:*

20). Are the building design, outdoor space, landscaping, and amenities proposed appropriate for the community and population targeted? **Yes  No**

*Comments:*

21). Is the project located in a Neighborhood Revitalization Area (a federally defined Qualified Census Tract, Empowerment Zone, Enterprise Community or an area that has been designated by a local agency to be the focus of revitalization or similar efforts)?

*Please describe:* **Yes  No**

22). If the project is located in a Neighborhood Revitalization Area, have specific efforts towards achieving the plan’s goal occurred?

*Please describe:*

23). Has your jurisdiction adopted an inclusionary zoning ordinance or other initiatives to encourage affordable housing in new growth or high-income areas? **Yes  No**

*If yes, please describe:*

24). Will the project benefit the neighborhood? **Yes  No**

*Comments:*

### Development Costs and Local Assistance

25). Are the project’s estimated total development costs reasonable for this type of development in your jurisdiction? **Yes  No**

*If no, please explain:*

26). Are the real estate taxes in the development budget consistent with local rates?

*Comments:*       **Yes  No**

27). Please review Attachment 18(A), the Local Development Impact Fees, in Tab 18. Are they accurate? **Yes  No**

*Comments:*

28). A*cquisition and/or Rehabilitation projects:*

a) Does the relocation plan (see Tab 9) address all requirements of state and local law?

*If no, please explain:* **Yes  No**

b) If households must permanently relocate, is there adequate alternative housing in the

immediate area? **Yes  No**

*If no, please explain:*

c) Is the budget for paying relocation costs overstated/understated? **Yes  No**

*If yes, please explain:*

29). Is your agency providing financial assistance to the project? **Yes  No**

If so, do the amounts in the application (page 12-15) reflect the municipality/agency’s contract/commitment amount?  **Yes  No**

*If no, please explain:*

If your agency is providing assistance, what is the actual dollar amount and percent of funds to total development cost?

30). Please check the following sources of funds that will be used to assist the project.

HOME Funds

As of March 18, 2025, did the municipality have control of these funds? **Yes  No**

*If no, please explain:*

CDBG

As of March 18, 2025, did the municipality have control of these funds? **Yes  No**

*If no, please explain:*

Redevelopment Funds

As of March 18, 2025, did the municipality have control of these funds? **Yes  No**

*If no, please explain:*

Did the municipality commit the funds to the project prior to January 1, 2011?

**Yes  No**

*If no, what date were the funds committed?*

Did the municipality have the funds on hand prior to January 1, 2011? **Yes  No**

*If no, what date were the funds on hand?*

Other *(please identify):*

As of March 18, 2025, did the municipality have control of these funds? **Yes  No**

*If no, please explain:*

31). Did any of the above-listed funds come, directly or indirectly, from the applicant or anyone associated with the applicant? **Yes  No**

*Comments:*

32). Are the state or federal prevailing wages listed in the development budget accurate?

*Comments:* **Yes**  **No**

33). If the municipality is donating land for this development, when did the municipality acquire the land and for what cost?

*Comments:*

Did money for the land, or any financial or other consideration, come to the municipality from the applicant or anyone associated with the applicant? **Yes  No**

*Comments:*

34). As of March 18, 2025, were there any outstanding approvals required from the Redevelopment Agency, City Council, or Board of Supervisors for the financial assistance?

*If yes, please explain:*  **Yes  No**

###### Developer Experience

35). Are you aware of other projects this developer (See application, page 7) has built in your community? **Yes  No**

*Comments:*

Was the developer’s performance satisfactory? **Yes  No**

*Comments:*

36). Has the applicant been involved in projects in your community? **Yes  No**

*Comments:*

Was the a’s performance satisfactory? **Yes  No**

*Comments:*

37). Are you aware of any project the management company (see application, page 7) is currently managing in your community? **Yes  No**

*Comments:*

Has the management company’s performance been satisfactory? **Yes  No**

*Comments:*

**Other Comments:**

38). Are you aware of any discrepancies between the proposed application and the tax credit regulations?

*Comments:*

39). Additional Comments: (If your agency is reviewing more than one application in the locality, please compare the merits of each application)

*Comments:*

40). What is the LRA’s Recommendation of this project?

Strongly support Support No position Oppose Strongly oppose

*Please explain:*

|  |  |  |
| --- | --- | --- |
| **Signature:** |  |  |
| **Print Name:** |  |  |
| **Title:** |  |  |
| **Date:** |  |  |
| **Email:** |  |  |
| **Phone:** |  |  |

Your agency is entitled to receive payment directly from CTCAC of $1,000 for performing this evaluation, although you may opt to waive your portion of the filing fee to assist the project financially.

Please check here if your agency would like to waive their portion of the filing fee:

Upon receipt of your **completed and executed** evaluation, CTCAC will process payment of your fee. Please forward a copy of this form to your accounting department to facilitate their processing of the incoming payment.