



STAFF ONLY:  
 ED 1 Eligible

**REFERRAL FORMS:**

LAMC § 14.00 A.13

**QUALIFIED PERMANENT SUPPORTIVE HOUSING - REFERRAL FORM**  
LOS ANGELES CITY PLANNING DEPARTMENT

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 (in addition to the required Department of City Planning Application and any other necessary documentation) and as a referral to HCIDLA, CRA, 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 LAMC, local laws, and State laws.

*CITY STAFF USE ONLY*

<b>Referral To:</b> <input type="checkbox"/> Ministerial Project <input type="checkbox"/> Planning DSC - Filing <input type="checkbox"/> Other: _____ <b>NOTES:</b>		
<b>Planning Staff Name and Title</b>	<b>Planning Staff Signature</b>	<b>Signature Date</b>

**I. Project Information – To be completed by applicant**

**1. PROJECT LOCATION/ ZONING**

Project Address: \_\_\_\_\_  
 Applicant Name and Phone/Email: \_\_\_\_\_  
 Assessor Parcel Number(s): \_\_\_\_\_  
 Community Plan: \_\_\_\_\_ Number of Lots: \_\_\_\_\_ Lot Size: \_\_\_\_\_ s.f.  
 Existing Zone: \_\_\_\_\_ Land Use Designation: \_\_\_\_\_  
 Specific Plan     HPOZ     DRB     Enterprise Zone     RPA     CPIO  
 Q-condition/ D-limitation/ T-classification (*please specify*): \_\_\_\_\_  
 Other pertinent zoning information (*please specify*): \_\_\_\_\_  
 Location is a High Quality Transit Area:     Yes     No

**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**

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**6. EXISTING USE**

A. Describe Existing Development: \_\_\_\_\_

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Characteristic of existing use - Dwelling Unit (DU), Commercial/Industrial, or Other	Existing # of Units or Non-Residential Square Feet	Existing # of Units or Non-Residential Square Feet To Be Demolished	Proposed <sup>1</sup> # of Units or Non-Residential Square Feet
Guest Rooms			
Studio			
One Bedroom			
Two Bedrooms			
Three Bedrooms			
_____ Bedrooms			
Non-Residential Square Feet			
Other:			

**B. Previous Cases Filed**

	<u>(1)</u>	<u>(2)</u>	<u>(3)</u>
Case Number(s):	_____	_____	_____
Date Filed:	_____	_____	_____
Date Approved:	_____	_____	_____
End of Appeal Period:	_____	_____	_____
Environmental No.	_____	_____	_____

**7. TYPE OF APPLICATION**

- Qualified Permanent Supportive Housing (per LAMC Sec. 14.00 A.13) with **Base Incentives**.
- Qualified Permanent Supportive Housing (per LAMC Sec. 14.00 A.13) with **Additional Incentives**  
(Please specify, max of five):
  - 1) \_\_\_\_\_
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_
  - 4) \_\_\_\_\_
  - 5) \_\_\_\_\_
- Qualified Permanent Supportive Housing (per LAMC Sec. 14.00 A.13) with **Additional Waivers** (please specify):  
\_\_\_\_\_  
\_\_\_\_\_
- Alternative Compliance** – Qualified Permanent Supportive Housing (per LAMC Sec. 14.00 B) not meeting any or all **Performance Standards** (please specify):  
\_\_\_\_\_  
\_\_\_\_\_
- Site Plan Review per LAMC Sec. 16.05
- Specific Plan Project Permit Compliance per LAMC Sec. 11.5.7.C
- Community Design Overlay per LAMC Sec. 13.08
- Coastal Development Permit per LAMC Sec. 12.20.2 or 12.20.2.1
- Tract or Parcel Map per LAMC Sec. 17.00 or 17.50
- Other entitlements requested (please specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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<sup>1</sup> Replacement units, per AB 2556, shall be equivalent to the number of units and number of bedrooms of the existing development.

**8. ENVIRONMENTAL REVIEW**

- Environmental Review Not Required – Project is Ministerial.<sup>2</sup>
- Not filed
- Filed (indicate case number): \_\_\_\_\_

**9. HOUSING DEVELOPMENT PROJECT TYPE & TARGET POPULATION** (please check all that apply):

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

**10. DENSITY CALCULATION**

**A. Base Density: Maximum density allowable per zoning**

Lot size \_\_\_\_\_ s.f. (a)  
 Minimum area per dwelling unit \_\_\_\_\_ s.f. of lot area per unit (b) [b = unlimited in all eligible zones, except RD 1.5 zones where density is 1 unit per 500 sf of lot area]  
 Units allowed by right (per LAMC) \_\_\_\_\_ units (c) [c = a/b, round down to whole number]  
 Base Density \_\_\_\_\_ units (d) [d = a/b, round up to whole number]

**B. Maximum Allowable Density Bonus:** \_\_\_\_\_ units (e) [e = unlimited in all eligible zones, except RD 1.5 zones where density is 1 unit per 500 sf of lot area]

**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 Housing and Community Investment Department of Los Angeles (HCIDLA) at (213) 808-8843 or hcidla.lacity.org.<sup>3</sup>

	<u>Total</u>	<u>HCD (State)</u>	<u>HUD (TCAC)</u>
Managers Unit(s) - Market Rate	_____	N/A	N/A
Extremely Low Income	_____	_____	_____
Very Low Income	_____	_____	_____
Low Income	_____	_____	_____
Target Population(s) <sup>4</sup>	_____	_____	_____
TOTAL # of Units Proposed	_____ (f)		
TOTAL # of Affordable Housing Units <sup>5</sup>	_____ (g)		
TOTAL # of Units for Target Population(s) <sup>6</sup>	_____ (h)		
Number 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]	

<sup>2</sup> Ministerial Projects (aka, "By-Right") do not require any discretionary Planning approvals.

<sup>3</sup> 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.

<sup>4</sup> Target Population = Persons with qualifying lower incomes who (1) have one or more disabilities and are homeless; or (2) are chronically homeless.

<sup>5</sup> All projects must set aside all dwelling units and/or guest rooms as affordable except for any on site manager unit(s).

<sup>6</sup> A minimum of 50% of the total combined dwelling units or guest rooms must be occupied by the Target Population.

**11. SITE PLAN REVIEW CALCULATION** An application for Site Plan Review may be required for projects that meet any of the Site Plan Review thresholds as outlined in LAMC Section 16.05.C. unless otherwise exempted per Section 16.05.D. For Qualified Permanent Supportive Housing projects, 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 Section 16.05.D please confirm exemption with Department of City Planning’s DSC Housing Unit.

\_\_\_\_\_ total units – \_\_\_\_\_ existing units = \_\_\_\_\_ units

- Yes, Site Plan Review is required, if the total number of units minus existing units is equal to or greater than 121 or 201 (Greater Downtown Housing Incentive Area or lot with one of the following land use designations: Regional Center Commercial, Regional Commerce, or Regional Mixed Commercial)
- No, Site Plan Review is not required, if the total number of units minus existing units is less than 121 or 201 (Greater Downtown Housing Incentive Area or lot with one of the following land use designations: Regional Center Commercial, Regional Commerce, or Regional Mixed Commercial)<sup>7</sup>
- Exempt (*please specify*): \_\_\_\_\_

**12. INCENTIVES**

**A. Base Incentives** (*Please select all that apply*)

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

Unit Types	# of Units	Spaces/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 code		
<b>TOTALS</b>				

Percent of parking that will be compact stalls (max. 40%): \_\_\_\_\_

- (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.

Square Feet of Supportive Services and public areas: \_\_\_\_\_ s.f.

- (4) **Continuing Existing Use** – Residential Hotels, regardless of existing zones, may be converted to become Qualified Permanent Supportive Housing Projects.
- (5) **Guest Rooms** – Will now contain cooking facilities including a sink, refrigerator not exceeding 10 cubic feet, counter space not exceeding 10 square feet, and a hotplate or microwave.

<sup>7</sup> Site Plan Review may also be required if other characteristics of the project exceeds the thresholds listed in Sec. 16.05 of the LAMC.

**B. Additional Incentives** (Please select up to 5)

**Required per LAMC**

**Proposed per PSH**

- (1) Yard/Setback

	Side and Rear Yards	Front Yards
<b>Reductions Allowed</b>	20%	Average of front yards
<b>When Abutting R1 or More Restrictive Zones</b>	No Reductions Allowed	

- Front<sup>8</sup> \_\_\_\_\_  
*Reductions in front yards are only permitted on R zoned properties (see Section VII.1.a.ii.1)*
- Rear \_\_\_\_\_
- Side (1) \_\_\_\_\_
- Side (2) \_\_\_\_\_
- (2) Lot Coverage \_\_\_\_\_
- (3) FAR \_\_\_\_\_

	FAR
<b>Increases Allowed</b>	Up to a 35% increase
<b>In RD1.5 zones</b>	Up to a 20% increase
<b>In Commercial zones</b>	Up to a ratio of 3:1

- (4) Height / # of Stories \_\_\_\_\_  
 Transitional Height (check one):  Per LAMC     Per Qualified PSH Ordinance<sup>9</sup>     Not Applicable

- (5) Open Space \_\_\_\_\_
- (6) Common Open Space \_\_\_\_\_
- (7) Averaging (*all count as 1 incentive – mark as many as needed*)
  - FAR
  - Density
  - Parking
  - Open Space
  - Vehicular Access
- (8) Ground Floor Use
- (9) Other (*please specify*): \_\_\_\_\_

Other Incentive Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TOTAL # of Additional Incentives Requested:** \_\_\_\_\_

**13. COVENANT (HCID):**

All Qualified Permanent Supportive 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. Please contact the Housing and Community Investment Department of Los Angeles (HCIDLA) at (213) 808-8843 or [hcidla.lacity.org](http://hcidla.lacity.org)

**14. COVENANT (DCP):**

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 Housing Services Unit **before** a building permit can be issued.

<sup>8</sup> Please provide a survey or plans that clearly demonstrate the front yard setbacks of adjacent lots.  
<sup>9</sup> Please provide elevations that clearly demonstrate the 45 degree angle to determine the allowed height.

**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)? \_\_\_\_\_

**II. Performance Standards Summary & Final Approval – To be completed by DCP Housing Services Unit Staff**

**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	Onsite 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"/>

<b>Date of Written Notification to Public</b>	<b>Date of Public Posting</b>	<b>Approval Date</b>
<b>Planning Staff Name and Title</b>	<b>Planning Staff Signature</b>	

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

*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.*