

Sixth Cycle Regional Housing Needs Assessment (RHNA) Appeal Request Form
All appeal requests and supporting documentation must be received by SCAG October 26, 2020, 5 p.m.
Appeals and supporting documentation should be submitted to housing@scag.ca.gov.
Late submissions will not be accepted.

Date:

Jurisdiction Subject to This Appeal Filing:
(to file another appeal, please use another form)

Filing Party (Jurisdiction or HCD)

Filing Party Contact Name

Filing Party Email:

APPEAL AUTHORIZED BY:

Name: _____

PLEASE SELECT BELOW:

- ☐ Mayor
- ☐ Chief Administrative Office
- ☐ City Manager
- ☐ Chair of County Board of Supervisors
- ☐ Planning Director
- ☐ Other: _____

BASES FOR APPEAL

- ☐ Application of the adopted Final RHNA Methodology for the 6th Cycle RHNA (2021-2029)
- ☐ Local Planning Factors and/or Information Related to Affirmatively Furthering Fair Housing (See Government Code Section 65584.04 (b)(2) and (e))
 - ☐ Existing or projected jobs-housing balance
 - ☐ Sewer or water infrastructure constraints for additional development
 - ☐ Availability of land suitable for urban development or for conversion to residential use
 - ☐ Lands protected from urban development under existing federal or state programs
 - ☐ County policies to preserve prime agricultural land
 - ☐ Distribution of household growth assumed for purposes of comparable Regional Transportation Plans
 - ☐ County-city agreements to direct growth toward incorporated areas of County
 - ☐ Loss of units contained in assisted housing developments
 - ☐ High housing cost burdens
 - ☐ The rate of overcrowding
 - ☐ Housing needs of farmworkers
 - ☐ Housing needs generated by the presence of a university campus within a jurisdiction
 - ☐ Loss of units during a state of emergency
 - ☐ The region's greenhouse gas emissions targets
 - ☐ Affirmatively furthering fair housing
- ☐ Changed Circumstances (Per Government Code Section 65584.05(b), appeals based on change of circumstance can only be made by the jurisdiction or jurisdictions where the change in circumstance occurred)

FOR STAFF USE ONLY:

Date: _____

Hearing Date: _____

Planner: _____

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Brief statement on why this revision is necessary to further the intent of the objectives listed in Government Code Section 65584 (please refer to Exhibit C of the Appeals Guidelines):

Please include supporting documentation for evidence as needed, and attach additional pages if you need more room.

Brief Description of Appeal Request and Desired Outcome:

Number of units requested to be reduced or added to the jurisdiction's draft RHNA allocation (circle one):

Reduced _____ Added _____

List of Supporting Documentation, by Title and Number of Pages

(Numbers may be continued to accommodate additional supporting documentation):

1.

2.

3.

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Date _____

Hearing Date: _____

Planner: _____