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	Hearing Date:	Planner:				
FOR STAFF USE	ONLY:					
occum	cu,					
occurred)						
☐ 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						
		Section 65584 05(h) appeals based on shange of				
	The region's greenhouse gas emissions Affirmatively furthering fair housing	cargets				
	Loss of units during a state of emergen					
	Housing needs generated by the presence of a university campus within a jurisdiction					
	Housing needs of farmworkers					
_	☐ The rate of overcrowding					
☐ High housing cost burdens						
Loss of units contained in assisted housing developments						
	County-city agreements to direct grow	th toward incorporated areas of County				
_	Plans	Fare Fare and an analysis in an about addition				
		med for purposes of comparable Regional Transportation				
_	 Lands protected from urban development under existing federal or state programs County policies to preserve prime agricultural land 					
Availability of land suitable for urban development or for conversion to residential use						
Sewer or water infrastructure constraints for additional development						
Existing or projected jobs-housing balance						
Government Code Section 65584.04 (b)(2) and (e))						
		ted to Affirmatively Furthering Fair Housing (See				
	ation of the adopted Final RHNA Methodolo					
BASES FOR A	APPEAL	· ·				
		Dother: CITY CONSCIL				
		Chair of County Board of Supervisors Planning Director				
		City Manager				
		Mayor Chief Administrative Office				
Name.	111111111111111111111111111111111111111					
Name: W	AL MGNAMARA An	PLEASE SELECT BELOW:				
APPEAL AUTHO	JRIZEU BY:					
- ,	ra, City Manager	cmcnamara@cityoflapalma.org				
Filing Party Co	ontact Name	Filing Party Email:				
City of La Palma	а					
Filing Party (Ju	urisdiction or HCD)					
10/26/20		City of La Palma				
Date:		Jurisdiction Subject to This Appeal Filing: (to file another appeal, please use another form)				
יסלבו		turisdiction Subject to This Annual Filings				

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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 docume	ntation for evidence as need	led, and attach additional p	ages if you need more room.
Please see Attachment	1		
Brief Description of Appeal F	Request and Desired Ou	tcome:	
Please See Attachment	:1		
		to the jurisdiction's dr	raft RHNA allocation (circle one):
Reduced 400 Adde	ed		
<u>List of Supporting Document</u> (Numbers may be continued to acc			
1. Letter from Conal McN	lamara, City Manag	er, dated October 2	6, 2020 (2 pages)
2.			
3.			
FOR STAFF USE ONLY:			
Date	Hearing Date:		Planner: