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 $\underline{housing@scag.ca.gov}$. Late submissions will not be accepted.

Date		Hearii	ng Date:	Planner:	
FOR ST	AFF USE (ONLY:			
	occurre	·~ <i>,</i>			
	occurred)				
Ц	_	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			
			•	65584 05(h) anneals based on change of	
		Affirmatively furthering fa			
		Loss of units during a state The region's greenhouse a	= -		
		• •	•	university campus within a jurisdiction	
		Housing needs of farmwo		university company within a liveladiation	
		The rate of overcrowding			
		High housing cost burden			
		Loss of units contained in	•	elopments	
☐ County-city agreements to direct gro			-		
		Plans			
		Distribution of household	growth assumed for I	purposes of comparable Regional Transportation	
		County policies to preserv			
				er existing federal or state programs	
				nent or for conversion to residential use	
		Sewer or water infrastruct		dditional development	
		Existing or projected jobs-			
Ц		ocal Planning Factors and/or Information Related to Affirmatively Furthering Fair Housing (See			
		tion of the adopted Final RHN	= -		
_			10 Nashaadal	officers PUNA (2021 2020)	
BVCEC	FOR AI	DDFAI	O	ther:	
			Р	lanning Director	
				ity Manager hair of County Board of Supervisors	
			C	hief Administrative Office	
			N	1ayor	
Name:			PLEA:	SE SELECT BELOW:	
APPEAL	AUTHO	RIZED BY:			
Filing Party Contact Name			Filing	Party Email:	
Filing P	arty (Jui	risdiction or HCD)			
			(to jiie	unother appeal, please use unother jointy	
Date:				Jurisdiction Subject to This Appeal Filing: (to file another appeal, please use another form)	

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Government Code Section 65584 (please refer to Exhibit C of the Appeals Guidelines):

Brief statement on why this revision is necessary to further the intent of the objectives listed in

Please include supporting do	cumentation for evidence as needed, and	attach additional pages if you need more room.
Brief Description of App	peal Request and Desired Outcome	<u>u</u>
Number of units reques	tad to be reduced or added to the	jurisdiction's draft RHNA allocation (circle one)
-		jurisdiction's draft knive anocation (circle one)
Reduced	Added	
	mentation, by Title and Number of	
	to accommodate additional supporting d	ocumentation):
1.		
2.		
3.		
J.		
FOR STAFF USE ONLY:		61
Date	Hearing Date:	Planner: