



Los Angeles County Department of Regional Planning
Loss of Funding Certification
 (AB 2162)

Pursuant to Assembly Bill (AB) 2162, which added Sections 65650 – 65656 to the California Government Code and became effective January 1, 2019, in the event that the project-based rental assistance or the operating subsidy for a supportive housing project approved pursuant to AB 2162 is terminated through no fault of the project owner during the mandatory 55 year duration, the project owner may request a reduction to the number of supportive housing units and still be in compliance with AB 2162 if certain conditions are met, including completion and submission of this request form with the supplementary documentation. Failure to provide accurate and complete information and documentation may delay review or result in denial of the reduction request.

A. SUBJECT PROPERTY

Assessor’s Parcel Number(s)

Property Address or Site Location

B. SOURCE OF FUNDS

List the sources of funding that the project was previously, or is currently receiving, and attach proof of funding documentation (e.g. official award letters with specified term illustrating expiration of funding). Include funding that is not set to expire.

List the new sources of funding you applied for but did not receive and attach proof (e.g. completed application(s), notice of funding denial)

C. PROPOSED REDUCTION

Proposed units to be reduced

Proposed units to remain

Attach proof (project proforma, including operations budget, and any other relevant financial statements) that the requested reduction of supportive housing units is the minimum number necessary to maintain the project’s financial feasibility.

D. TRANSITION PLAN

Attach a transition plan illustrating that the reduction of supportive housing units will be made in a manner that minimizes tenant disruption, and will be effectuated only upon the vacancy of any supportive housing units.

E. OWNER / APPLICANT CERTIFICATION

I certify under penalty of perjury that the foregoing is true and correct.

Signature (Blue Ink)

Date

Print Name

Check One Owner Applicant