

OCCUPANCY CERTIFICATION FORMS

ACCESSORY DWELLING UNIT (ADU)

This form will need to be completed on an annual basis for ten years from the date of occupancy. Income and rent restrictions are revised annually. For additional information regarding the affordability criteria, please contact the Housing Division at 760.639.6191.

Please check the appropriate boxes:

Tenant Type: ☐ Caregiver ☐ Low Income	Certification Type: ☐ Initial Certification ☐ Annual Recertification (Year)
ADU Address:	Number of Bedrooms in ADU:
Owner Name(s):	
Owner Email Address:	Property Owner Phone #
ADU Tenant Household Composition:	
Tenant Name(s):	
Household Size: (number of people)	Annual Income of Household: \$
Income Verification Method Used (must select two	forms of verification):
☐ Two paycheck stubs from most recent pay peri	iods
☐ Income Tax Return from the most recent year	
☐ Employer income verification certification	
☐ Income verification certification from the Social of Social Services, if tenant(s) receives this ass	

Caregiver Verification:

Per City Ordinance 2019-11, a "Caregiver Household" is defined as a family member or caregiver providing regular care to an owner or occupant of the primary unit in need of that care, and members of that caregiver's household.

To qualify as a Caregiver Household, the ADU Owner must, in addition to this form, complete the attached Live-In Aide Request form annually.



2021

MAXIMUM ALLOWABLE RENTS BY UNIT HOUSEHOLD AND INCOME LEVEL

PER VISTA MUNICIPAL CODE 18.31.030 REQUIREMENTS FOR AN ACCESSORY DWELLING UNIT

BASED ON HUD INCOME LIMITS EFFECTIVE APRIL 1, 2021

STEP 1 Determine household size	1 PERSON STUDIO	2 PERSON 1-BEDROOM	3 PERSON 2-BEDROOM
STEP 2 Determine Maximum Allowable Household Gross Annual Income per HUD Annual Income Standards	\$ 67,900	\$ 77,600	\$ 87,300
STEP 3 Divide Step 2 by 12 Maximum Allowable Monthly Income	\$ 5,658	\$ 6,467	\$7,275
STEP 4 Multiply Step 3 by 30% Maximum Allowable Monthly Rent	\$1,698	\$ 1,940	\$2,183

ADU tenant Annual Income: \$_	ADU tenant Monthly Rent: \$	
ADU Household Size:	Number of Bedrooms in ADU:	
Lease Dates:		
I/We certify that the ADU tenant qualifies as low-income and/or is a caregiver as defined in the Covenant Agreement. I further certify that the ADU tenants rent does not exceed the maximum allowable rent.		
Certified By:	Date:	