

EXHIBIT 4.27
ENVIRONMENTAL INFORMATION FORM
NEPA (24 CFR Part 58)

PROJECT NAME: _____

PROPOSED PROJECT TYPE: ☐ New Construction ☐ Acquisition ☐ Conversion
☐ Preservation ☐ Acquisition & Rehabilitation ☐ Rehabilitation

APPLICANT NAME: _____

FUND TYPE (S): ☐ HOME ☐ HOME-ARP ☐ MHSA ☐ 15G Reserves ☐ HSA

REQUESTED FUNDING AMOUNT: \$ _____

REQUESTED NUMBER OF VOUCHERS: _____

PROJECT LOCATION:

Provide precise address and include Census Tract Number. If confidential, please insert "Suppressed" and provide Census Tract Number): _____

PROJECT DESCRIPTION OF THE PROPOSAL: (Please provide the scope of construction and/or rehabilitation your project will involve. Include all contemplated actions, which logically are either geographically, or functionally a composite part of the project, regardless of the source of funding. [24 CFR 58.32, 40 CFR 1508.25] If needed, please use attachments.)

EXISTING ENVIRONMENTAL CONDITIONS [24 CFR 58.40(a)]: (Describe the existing conditions of the project area and its surroundings.)

PREVIOUS GOVERNMENTAL ACTIONS/APPROVALS RECEIVED ON YOUR PROJECT: (If applicable, please list and attach a copy of any discretionary approvals you received on your project from a City or other County Agency.)

ATTACHMENTS REQUIRED:

- ☐ SITE PHOTOS
- ☐ SITE PLAN
- ☐ FEMA MAP
- ☐ SOURCE FOR PROJECT SITE YEAR BUILT

DISCRETIONARY APPROVAL (S) NEEDED FROM CITY/COUNTY TO COMPLETE YOUR PROJECT (S):

CITY/COUNTY ENVIRONMENTAL CONTACT PERSON:

Name: _____ Title: _____

Email: _____ Phone Number: _____

DEMOLITION:

Is demolition involved? _____

If yes, fill out the remaining part of this section.

Provide the number of buildings that will be demolished: _____

What is the method of demolishing: _____

How many people will work on the site at any given time: _____

What is the construction duration: _____

Will there be a staging area? If so, indicate where: _____

Is relocation involved: _____

PROPOSED SITE:

Zoning Designation: _____ General Plan Land Use Designation: _____

Is project in a floodplain? _____ FEMA Map No: _____

Existing Use(s): ☐ Vacant ☐ Residential ☐ Commercial ☐ Industrial

Other: _____
(Specify)

Size of Site: _____ Acres _____ Sq. Ft. _____ Assessor's Parcel No: _____

Age of Existing Structures: _____ years Year built: _____

Depth of excavation: _____

Prior Use(s)/Development(s): ☐ Residential ☐ Industrial ☐ Commercial

☐ Agriculture ☐ Other: _____

If residential use, number of units: Proposed _____ Existing _____

Studio # of units _____ 1 Bdrm # of units _____

2 Bedroom # of units _____ 3 Bedroom # of units _____ 4+Bedroom _____ units

Total Number of Units: _____ Total Number of Buildings: _____

Is current zoning and use appropriate for the proposed site? If not, present a plan for obtaining any discretionary approval:

PRIOR ANALYSIS:

Has a South Central Coast Information Center Record Search (SCCIC) been completed? *If yes, please attach copies of the SCCIC.* ☐ Yes ☐ No

Have there been any prior Environmental Reviews completed for the proposed site or project within the last five (5) years. *If yes, please attach copies of the Environmental Review.* ☐ Yes ☐ No

Has the site been involved in any other proposals previously submitted to this office? ☐ Yes ☐ No

Title of Prior Proposal: _____

Applicant's Name: _____

Eventual Result: ☐ Project Not Funded
☐ Project Funded \$ _____
☐ Project Completed Date Completed _____
☐ Project Cancelled Date Cancelled _____

Describe reasons why project was cancelled:

Any additional information you want to provide:

I hereby declare that the statements furnished above, including any exhibits attached hereto represent all information required for this assessment. Said statements together with any exhibits attached hereto are true and correct.

Signature

Name/Title

Date