SCHEDULE OF UNITS - PROJECT NAME

List all residential units in the property. Add columns for any features that are not common to all units.

Building/ Address	Unit #	Net Area (s.f.)	# BRs	# Baths	Shower(S) Tub(T)	Unit Type	Unit Style*	Private Outdoor Space **	Accessible or Sensory Impaired	Unit Location (N,S,E,W)	Unit Floor #	Estimated Monthly Rent	Inclusionary Units	Inclusionary units net floor area (s.f.)	ADD COLUMNS FOR ANY FEATURES THAT ARE NOT COMMON TO ALL UNITS***

TOTALS

_____ Total Required Affordable Housing Units (not less than 15% of the dwelling units shall be affordable to households with annual earnings no greater than 80% of the Area Median Income (AMI) OR not less than 10% of the dwelling units shall be affordable to households with annual earnings no greater than 60% of the Area Median Income (AMI) OR a proportional combination thereof.

_____ Total Net Floor Area of Affordable Dwelling Units

* F=Flat, Du=Duplex, T=Townhouse, Dt=Detached. Add "HC" for accessible units.
** P=Patio, B=Balcony, D=Deck
*** Included but not limited to extra rooms, interior BRs, bay windows, juliet balconies, fireplaces, built in desks or shelving, ceiling height, direct street or courtyard access

ARCHITECT'S CERTIFICATION REGARDING THE NUMBER OF DWELLING UNITS IN THE SCHEDULE OF UNITS

As the Architect of Record for the residential project at _____, I hereby certify that the Schedule of Units for units in the table above are accurate. The information in the table is consistent with the Building Permit Set of Plans dated_____ by _____.

By:

Name: _____

Title: _____

Firm: _____

Signature: _____   **Date:** _____