



ECONOMIC DEVELOPMENT AND HOUSING  
 337 LOCUST STREET, SANTA CRUZ, CA 95060 • 831-420-5150 • www.cityofsantacruz.com

**MEASURE O  
 INCLUSIONARY RENTAL UNIT  
 2024 ANNUAL COMPLIANCE REPORT  
 (January 1, 2023 – December 31, 2023 monitoring period)**

*Please fill out this form completely, sign and date it, and return it to the address shown above, attention:  
 Emily Watkins or via email to [acmonitoring@santacruzca.gov](mailto:acmonitoring@santacruzca.gov)*

Unit Address and No:	Unit Type: <input type="checkbox"/> bed only <input type="checkbox"/> SRO <input type="checkbox"/> SRO w/ kit.+ bath <input type="checkbox"/> studio <input type="checkbox"/> 1-bdrm. <input type="checkbox"/> 2-bdrm. <input type="checkbox"/> 3-bdrm <input type="checkbox"/> 4-bdrm.
Owner Name:	Owner Phone:
	Owner Email:
Owner Mailing Address:	
Name of current tenant:	
Date current tenant confirmed as Measure O eligible by Housing Authority:	
If tenant was never confirmed as Measure O eligible by Housing Authority, check here:	
Tenant is a Section 8 voucher holder: <input type="checkbox"/> Yes <input type="checkbox"/> No   (if yes, attach copy of HAP contract)	
If Tenant not a Section 8 voucher holder, date owner last confirmed tenant income: _____	
<i>Note: If tenant is not a Section 8 voucher holder, owner must confirm that a continuing tenant is Measure O eligible each year. The Housing Authority does not reconfirm tenant eligibility on an annual basis.</i>	
Date tenant occupied unit:	
Tenant's annual income during reporting period: \$ _____	
Current monthly rent charged: \$ _____	
Owner pays the following utilities: <input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Garbage	
Tenant pays the following utilities: <input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Garbage	
Cooking appliances powered by: <input type="checkbox"/> Electricity <input type="checkbox"/> Gas	
Space heating powered by: <input type="checkbox"/> Electricity <input type="checkbox"/> Gas	
Water heating powered by: <input type="checkbox"/> Electricity <input type="checkbox"/> Gas	

Owner hereby certifies under penalty of perjury in the State of California that the foregoing is true and correct.

\_\_\_\_\_  
 Owner Signature

\_\_\_\_\_  
 Date