



**ECONOMIC DEVELOPMENT AND HOUSING DEPARTMENT**

337 LOCUST STREET, SANTA CRUZ, CA 95060 | 831-420-5150 | [www.cityofsantacruz.com](http://www.cityofsantacruz.com)

**MEASURE O - INCLUSIONARY RENTAL UNIT  
2025 ANNUAL COMPLIANCE REPORT**

*(January 1, 2024 – December 31, 2024 monitoring period)*

*Owner's: 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, <b><i>attach copy of HAP contract</i></b> )	
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. For digitization purposes, digitized or typed signatures will serve the same purpose as original signatures.

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

\_\_\_\_\_  
Date