

**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