**CPP/CRDP Housing Annual Report/Self-Certification California Department of Developmental Services**

*DDS OCD (8/1/25)*

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| **Regional Center –** Please enter the following information: | |
| Regional Center Name: | Reporting Period:  From \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_ |
| Project Number: | Housing Developer Organization (HDO) Name: |
| Property Address (Property): |  |

Due Date: February 1.

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| **For Department of Developmental Services (Department or DDS) Use Only** |
| Project Number: Applicable Fiscal Year CPP Housing Guidelines[[1]](#footnote-1):  Report of Reserve Balances Attached: |

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| **Regional Center:** Please certify to the below information for the property since the property was purchased or since the last certification was provided. |

1. The property is restricted, in perpetuity, for use by individuals with intellectual and developmental disabilities receiving services from the regional center; a Community Placement Plan/Community Resource Development Plan (CPP/CRDP) Restrictive Covenant, Regulatory Agreement, or deed restriction is recorded and filed in the county the property is located.
2. The interior, exterior and any detached structures of the property are in good condition and properly maintained in a safe and sanitary manner. In accordance with the CPP/CRDP Housing Guidelines, attached is the Report of Reserve Balances (Attachment S), which summarizes the replacement reserve funds and, if applicable, the operating reserve funds maintained for this CPP/CRDP property.
3. If a swimming pool, fishpond, or similar body of water is located on the property, the licensed property is maintained as required by Title 22, Section 80087. An unlicensed property shall ensure the inaccessibility to bodies of water.
4. The property is operated in compliance with all requirements of the CPP/CRDP Housing Guidelines and CPP/CRDP Property Documents.
5. The property insurance is current and meets the requirements of the CPP/CRDP Housing Guidelines, including, as appropriate: the requirements in the DDS Deed of Trust which specifies that the Department is named as lender loss payable (hazard and flood insurance) and as additional insured (liability insurance); the provisions stated in the contract between the regional enter and HDO; or the insurance requirements described in the regional center’s property approval by the Department.
6. If the service provider is a 501(c)(3) non-profit organization, the HDO has filed an application for the Welfare Property Tax Exemption for the upcoming fiscal year. If a welfare property tax exemption will not be filed for the upcoming year, please explain why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. The property has not been refinanced and there are no additional encumbrances without prior Department approval.

CERTIFICATION STATEMENT

As an authorized representative of the regional center, I certify to the best of my knowledge, the foregoing statements and information are true and correct.

Authorized Regional Center Representative Printed Name Date

Authorized Regional Center Representative Signature Title

1. “Applicable FY CPP Housing Guidelines” means the required guidelines related to the acquisition of the property/project. [↑](#footnote-ref-1)