

Signature

## ACCESSORY DWELLING UNIT QUESTIONNAIRE

**Date** 

## CITY OF MISSION VIEJO ACCESSORY DWELLING UNIT (ADU) AND JUNIOR ACCESSORY DWELLING UNIT (JADU) QUESTIONNAIRE

| 1 | Property Owner Name:   |   |
|---|--|---|
| 2 | Accessor Parcel Number:  |   |
| 3 | Primary Dwelling Unit Address:   |   |
| 4 | Accessory Dwelling Unit Address:   |   |
| 5 | What is the size and bedroom count of your ADU/JADU:   | square feet   |
|   | (For multiple units, please attach a table)  | bedrooms  |
| 7 | What is the current monthly rent, or if not occupied, the anticipated monthly rent?  (For multiple units, please attach a table) What was your primary reason for developing the ADU/JADU? | \$month  Utilities included?  Yes No Rental / Supplemental Income Permanent housing for senior relatives Permanent housing for non-senior |
|   |  | relatives  Permanent housing for caretakers  Permanent housing for household employee  Guest housing for visitors  Other:                 |
| 8 | Which unit do you intend to live in?   | <ul><li>☐ Main house</li><li>☐ Accessory Dwelling Unit</li><li>☐ Junior Accessory Dwelling Unit</li><li>☐ None</li></ul>                  |
|   |  |   |

**Print Name**