



COMMUNITY DEVELOPMENT COMMISSION RECOMMENDATION 20170808-03

Date: August 8, 2018

Subject: Recommendations Regarding CodeNEXT

Motioned By: Commissioner Fadelu

Seconded By: Commissioner Paup

Recommendation

The Community Development Commissioner (CDC) recommends the following be addressed in the CodeNEXT process:

In a memo dated April 24, 2017 the Community Development Commission asked a series of questions regarding CodeNEXT. City staff answered questions in a memo dated July 12, 2017. Responses to these questions are attached for reference related to the action by the CDC at its August 8, 2017, meeting.

Following the order of our April 24 memo is this request for additional information and recommendations on CodeNEXT. This recommendation is not meant as an endorsement of CodeNEXT.

As the commission charged with advising the City Council on housing and community development matters related to low-income Austinites, the CDC's members are very concerned with affordability. The CDC appreciates the opportunity for dialogue with the Planning and Zoning Department staff and the CodeNEXT staff and consulting team.

The following represents guidance by CDC at its August 8, 2017, meeting:

AFFORDABILITY LEVEL

CDC recommends exploring mechanisms to reach deeper affordability levels. CDC recommends a starting point of 60% median family income (MFI) on rental and 80% MFI on homeownership. This puts the rental units in reach of people with vouchers, which, coupled with a source of income non-discrimination recommendation, will enhance voucher holders' choices in where to live. CDC concurs with the requirement to not discriminate against people with vouchers.

Still the majority of low-income people who cannot afford Austin rents are below 50% MFI. CDC recommends incorporating a feature like Montgomery County, Maryland's first right of refusal for nonprofits to buy the inclusionary units and further subsidize them so that they are affordable to lower income people. CDC recommends further community discussion on the tradeoffs between the number of units associated with 50%, 40%, and 30% MFI.

VARIANCES SEEMS TO DISFAVOR LOW INCOME NEIGHBORHOODS

CDC recommends the use of the Equity Tool to review the pattern of granting variances in neighborhoods where the majority of residents are people of color.

BROAD PARTICIPATION, LIMITED ENGLISH PROFICIENCY

CDC recommends to expand outreach on CodeNEXT to city residents with limited English proficiency. CDC appreciates the time invested by staff to explain CodeNEXT at a community meeting in Spanish. There have been questions raised by residents about managing impervious cover so that homes of low-income people do not flood; this exemplifies how the development code is important to all Austinites, including lower income Austinites. CDC also notes attendance at an outreach meeting tailored for Spanish speaking residents was limited; and CDC recommends CodeNEXT staff continue conducting meetings in Spanish as subsequent drafts are released.

EQUITY TOOL

CDC requests being kept informed on preparation and scheduling of review through the lens of the equity tool.

ADDITIONAL POLICY GUIDANCE TO INFORM CODENEXT DRAFT

Future draft should provide a mixture of the MFI levels including a provision utilized by Montgomery County, Maryland to require the percentage of units be available for deeper subsidy and affordability.

Future draft should include a geography-based (council districts and/or census tracts) analysis of depth of affordability targeting 30 % to 60% MFI.

Explore ways to ensure that multi-bedroom affordable units are created through the density bonus program.

Date of Approval: August 8, 2017

Vote: A motion to approve the recommendation was approved on Commissioner Fadelu’s motion, Commissioner Paup’s second, on an 8-1 vote.

For: Vice Chair Deshotel, Commissioners Fadelu, Paup, Singer, Taylor, A. Villalobos, Delgado and Zamora.

Against: Commissioner McGhee

Abstain: None

Absent: Chair Rivera Commissioners R. Villalobos, Dailey, and Hinely. Commissioner Tolliver off the Dias

Attest: Matthew Ramirez, CDC Liaison

