



Los Angeles County Department of Regional Planning

Planning for the Challenges Ahead



Richard J. Bruckner
Director

FARMWORKER HOUSING VERIFICATION FORM

Project No.:

1. Property Owner Information
Name:
Address:
Telephone:
Email:
Are you an agricultural employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Farmworker Housing Information												
Address of Facility:												
APN(s):												
Project Description:												
Type of Facility: <input type="checkbox"/> Farmworker Dwelling Unit <input type="checkbox"/> Farmworker Housing Complex												
Housing Accommodation: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Dormitory</td> <td><input type="checkbox"/> Manufactured home</td> </tr> <tr> <td><input type="checkbox"/> Boarding house</td> <td><input type="checkbox"/> Recreational vehicle</td> </tr> <tr> <td><input type="checkbox"/> Tent</td> <td><input type="checkbox"/> Travel trailer</td> </tr> <tr> <td><input type="checkbox"/> Bunkhouse</td> <td><input type="checkbox"/> Single-family dwelling</td> </tr> <tr> <td><input type="checkbox"/> Maintenance-of-way car</td> <td><input type="checkbox"/> Multi-family dwelling</td> </tr> <tr> <td><input type="checkbox"/> Mobilehome</td> <td><input type="checkbox"/> Other housing accommodation, please specify: _____</td> </tr> </table>	<input type="checkbox"/> Dormitory	<input type="checkbox"/> Manufactured home	<input type="checkbox"/> Boarding house	<input type="checkbox"/> Recreational vehicle	<input type="checkbox"/> Tent	<input type="checkbox"/> Travel trailer	<input type="checkbox"/> Bunkhouse	<input type="checkbox"/> Single-family dwelling	<input type="checkbox"/> Maintenance-of-way car	<input type="checkbox"/> Multi-family dwelling	<input type="checkbox"/> Mobilehome	<input type="checkbox"/> Other housing accommodation, please specify: _____
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Number of Dwelling Units:												
Number of Beds (<i>group housing only</i>):												

3. Occupant Information

Facility houses:

- Farmworkers only
 Farmworkers and their household

Total number of farmworkers housed:

<i>Name of Farmworker</i>	<i>Place of Employment</i>	<i>APN(s)</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

(Additional pages may be added if necessary.)

4. Permits from the State Department of Housing and Community Development

Facility ID:

Attach photocopy of permit to operate employee housing facility to this verification form.

5. Affidavit

I/We the undersigned state:

I am/We are the owner(s) of the real property described in the above-numbered case and the permittee in said case.

Executed on _____, 20_____

I/We declare under the penalty of perjury that the foregoing is true and correct.

Owner: Name _____
 Address _____
 City, State _____
 Signature _____

Owner: Name _____
 Address _____
 City, State _____
 Signature _____

This signature must be acknowledged by a notary public. Attach appropriate acknowledgements.