

| | |
|--------------------------------------|--|
| 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"/> Mobile Home</td> <td><input type="checkbox"/> Other Housing Accommodation</td> </tr> </table> <p style="text-align: right;">Please Specify: _____</p> | | <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"/> Mobile Home | <input type="checkbox"/> Other Housing Accommodation |
| <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"/> Mobile Home | <input type="checkbox"/> Other Housing Accommodation | | | | | | | | | | | | |
| Number of Dwelling Units: | | | | | | | | | | | | | |
| Number of Beds (group housing only): | | | | | | | | | | | | | |

| 3. Occupant Information | | |
|---|----------------------------|---------------|
| Facility Houses | | |
| <input type="checkbox"/> Farmworkers only <input type="checkbox"/> Farmworkers and their household | | |
| Total number of farmworkers housed: | | |
| <i>Name of farmworker</i> | <i>Place of employment</i> | <i>APN(s)</i> |
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(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

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

Owner:

Name:

Address:

Signature

Owner:

Name:

Address:

Signature:

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