



Main Office - Department of Housing
 264 Harbor Blvd., Building A Belmont, CA 94002-017

Housing Community Development
 Tel: (650) 802-5050

Housing Authority of the County of San Mateo
 Tel: (650) 802-3300

Board of Supervisors:

Dave Pine
 Carole Groom
 Don Horsley
 Warren Slocum
 David Canepa

Director: Raymond Hodges
Deputy Director: Rose Cade

**FARM LABOR HOUSING LOAN PROGRAM
 REHABILITATION OR REPLACEMENT APPLICATION**

Once you have reviewed the Farm Labor Housing Loan Program Guidelines, please read and complete this application. Any incomplete information will cause a delay in processing, and the application may be returned to you. If you need assistance, please contact Anthony Parenti at the Department of Housing by phone at (650) 802-3379 or via e-mail at aparenti@smchousing.org. Please fill out a separate application if units are on separate parcels.

APPLICANT INFORMATION		
Applicant Name:		
<input type="checkbox"/> Private Landowner <input type="checkbox"/> Nonprofit Landowner <input type="checkbox"/> Public Agency Landowner		
Mailing Address:	City:	Zip:
Daytime Phone:	Email:	
Project Address:	City:	Zip:
Project APN Number: _ _ _ - _ _ _ - _ _ _	Type of units:	
Project Manager:		
Daytime Phone:	Email:	
HOUSING INFORMATION		
Name of Agricultural Operation:		
Name of Owner of Agricultural Operation:		
Mailing Address:	City:	Zip:
Type of Housing:	<input type="checkbox"/> Mobile home <input type="checkbox"/> Single-family house <input type="checkbox"/> Multi-family house	
Year Built:	Description of Unit:	
Number of units needing rehabilitation or replacement:		

TENANT INFORMATION	
Will a very low-income farmworker(s) reside in the unit? Yes <input type="checkbox"/> No <input type="checkbox"/>	Employer of farmworker tenant(s): _____
Number of farmworker tenants: _____	Total number in household: _____
Please list the rent for \$ _____ month each unit. <i>(If more than three, add additional sheet of paper)</i> \$ _____ month \$ _____ month	What other housing related costs is the tenant(s) currently responsible for?
To whom will the farmworker(s) pay rent? 	
Will rent and utility allowance represent less than 30% of the farmworker household's gross income? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please provide information substantiating the response to the question directly above, including income information. 	
PROPOSED PROJECT	
How would you classify the proposed project? <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Replacement	
Please describe the proposed project, including an estimated budget. (Please also attach photographs of the housing to be rehabilitated or replaced). 	
LOAN INFORMATION	
<i>See loan parameters in guidelines</i> <input type="checkbox"/> No interest, forgivable loan	
Please indicate the loan amount requested to accomplish the work described above. <i>(note limitations of loan amounts on program description)</i> \$ _____	

Certification

I certify that the information I am submitting is true and correct. I further certify that I have read the Farm Labor Housing Loan Program Guidelines, which set forth the basic terms and conditions of the loan.

Signature: _____
Property Owner

_____ Date

REQUIRED SUPPORTING DOCUMENTATION

<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Government Entity	<input type="checkbox"/> Private Party	<input type="checkbox"/> Other: _____
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After the site visit is complete, please submit ONE copy of the following documents based on the box you check above. Please label each document with the corresponding attachment numbers.

ALL APPLICANTS

- 1. Proof of ownership.
- 2. Proof of income for the farmworker(s), such as payroll report or tax documentation (please note that documentation regarding proof of income for other members of the farmworker’s household may be requested).
- 3. Documentation of rent and other housing expenses paid by tenant(s), such as a lease agreement or payroll deduction.
- 4. Property Description.

Additional documentation for PRIVATE PARTY applicants

- 5a. Copy of Bylaws.
- 6a. Articles of incorporation (required for corporate entities only).
- 7a. Profit and loss statement.
- 8a. Certificate of registration with the California Secretary of State (corporations, LLCs, and limited partnerships).

Additional documentation for NON-PROFIT applicants

- 5b. Resolution authorizing application and designation of signatory by the Board of Directors.
- 6b. Proof of 501(c)3 / tax-exempt status.
- 7b. Copy of Bylaws.
- 8b. Certified financial audit no more than 1 fiscal year old, prepared by a CPA, and Management letters

Additional documentation for GOVERNMENT ENTITY applicants

- 5c. Resolution authorizing application and designation of signatory by the governing body.
- 6c. Certified financial audit no more than 1 fiscal year old, prepared by a CPA, and Management letters