**FARM LABOR HOUSING PILOT PROGRAM PHASE III**

**REHABILITATION OR REPLACEMENT LOAN APPLICATION**

Once you have reviewed the Farm Labor Housing Pilot 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 for each unit, if you are applying for two.

|  |
| --- |
| **APPLICANT INFORMATION** |
| Applicant Name: |
| [ ]  Private Landowner [ ]  Nonprofit Landowner [ ]  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: [ ]  Mobilehome [ ]  Single family house [ ]  Multi-family house |
| Year Built: | Description of Unit: |
| **TENANT INFORMATION** |
| Will a low-income farmworker(s) reside in the unit? Yes [ ]  No [ ]   | Employer of farmworker tenant(s): |
| Number of farmworker tenants: \_\_\_\_\_\_\_\_\_\_\_ |  Total number in household: \_\_\_\_\_\_\_\_\_\_\_ |
| Please list the rent for $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ month each tenant(s) in the unit.*(If more than* $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ month*three, add additional* *sheet of paper)* $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ month | What other housing related costs is the tenant(s) currently responsible for? |
| To whom will the farmworker(s) pay rent? |
| Please elaborate on rent payment that is not based on a standard monthly rent arrangement. |
| Will the cost of housing represent less than 30% of the farmworker household’s gross income? Yes [ ]  No [ ]  |
| Please provide information substantiating the response to the question directly above, including income information. |
| **PROPOSED PROJECT** |
| How would you classify the proposed project? [ ]  Rehabilitation [ ]  Replacement |
| Please describe the proposed project, including an estimated budget. (Please also attach photographs of the housing to be rehabilitated or replaced).  |
| **LOAN INFORMATION** |
| For which type of loan does this project qualify *(see loan parameters in guidelines)*?[ ]  No interest, forgivable loan [ ]  Three percent (3%) interest loan |
| Please indicate the loan amount requested to accomplish the work described above.*(note limitations of loan amounts on program description)* $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Certification**

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Property Owner Date

**Required Supporting Documentation**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  **Non-Profit**  | [ ]  **Government Entity** | [ ]  **Private Party** | [ ]  **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**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 |