

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 Noelia Corzo Ray Mueller 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. 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 units if the units are not identical or are on separate parcels.

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: Mobile home Single-family house				
Year Built: Description of Unit:				
Number of units needing rehabilitation or replacement:				

TENANT INFORMATION				
Will a very low-income fa unit? Yes No	rmworker(s) reside in the	Employer of farmworker tenant(s):		
Number of farmworker	tenants:	Total number in household:		
each unit. (If more than three, \$ add additional sheet	month month month worker(s) pay rent?	What other housing related costs is the tenant(s) currently responsible for?		
Will rent and utility allowance represent less than 30% of the farmworker household's gross income?YesNo				
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				
See loan parameters in g	guidelines			
No interest, forgivable 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 Loan Program Guidelines, which set forth the basic terms and conditions of the loan.

Signature:

Property Owner

REQUIRED SUPPORTING DOCUMENTATION

	Non-Profit Government Entity Private Party Other:				
After the site visit is complete, please submit <u>ONE</u> 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).				
Add	litional 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				