



**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](mailto: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:		
<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:		



**REQUIRED SUPPORTING DOCUMENTATION**

<input type="checkbox"/> <b>Non-Profit</b>	<input type="checkbox"/> <b>Government Entity</b>	<input type="checkbox"/> <b>Private Party</b>	<input type="checkbox"/> <b>Other:</b> _____
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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