

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS

2020 W. El Camino Avenue, Suite 200, Sacramento, CA 95833
P.O. Box 1407, Sacramento, CA 95812-1407
(916) 445-9471 / FAX (916) 263-5348
From TDD Phones 1-800-735-2929
www.hcd.ca.gov



CERTIFICATE OF NON-OPERATION

NOTICE: Health and Safety Code Section 17037.5 requires any person no longer operating or maintaining employee housing for 5 or more employees to file a Certificate of Non-Operation with the enforcement agency for two years following the discontinuation. Return your completed form to the address above. For additional information contact the Department's Employee Housing Program at (916) 445-9471.

Certificate for Calendar Year \_\_\_\_\_ Employee Housing Facility ID. No. \_\_\_\_\_
Employee Housing Facility Name \_\_\_\_\_
Facility Address \_\_\_\_\_
Operator Name \_\_\_\_\_
Operator Mailing Address \_\_\_\_\_
Operator Telephone Number \_\_\_\_\_
Property Owner Name \_\_\_\_\_
Owner Address \_\_\_\_\_

REASON FOR DISCONTINUED OPERATION (Check One and Complete as Appropriate)

- Property sold to: \_\_\_\_\_ on: \_\_\_\_\_
New Owner Address: \_\_\_\_\_
New Owner Telephone Number: \_\_\_\_\_
Housing destroyed (Date): \_\_\_\_\_
Housing facility exists, but will not be occupied by any employees for any part of the calendar year.
Facility will only be occupied by \_\_\_\_\_ (less than 5) employees during the calendar year.
Other, please explain: \_\_\_\_\_

Certification: I, \_\_\_\_\_, as \_\_\_\_\_,
(Print name) (Title)

certify under penalty of perjury that the information provided herein is true and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

DEPARTMENT USE ONLY: Approved \_\_\_\_\_ Date \_\_\_\_\_ DTN: \_\_\_\_\_