REQUEST FOR ASSISTANCE—Employee Housing

Complete sections 1 and 2 and submit the completed form to the address listed above. If you have any questions, contact the Department of Housing and Community Development at (800) 952-8356. Submit the completed form to HCD—Mobilehome Assistance Center, PO Box 278690, Sacramento, CA 95727.

SECTION 1: GENERAL INFORMATION

Person, employee, agency, or organization requesting assistance:

Name: ___________________________ Date: ______________

Telephone Number(s): ___________________________

*Location of housing/facility:

Street or Road ___________________________ City __________ County __________ Zip __________

*Note: If no street address or road number is available, draw a map of the general location of the housing/facility and attach to this document.

Facility ID # (if known): _________________ Number of employees: ______________

SECTION 2: DESCRIPTION OF HOUSING PROBLEM(S)

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