

ANNUAL EMPLOYMENT VERIFICATION DECLARATION FARMWORKER HOUSING COMPLEXS & FARMWORKER GROUP QUARTERS

COUNTY of VENTURA

County of Ventura • Resource Management Agency • Planning Division
800 South Victoria Avenue, Ventura, CA 93009 • (805) 654-2488

On March 1, 2022, the County Board of Supervisors adopted amendments to the Ventura County Non-Coastal Zoning Ordinance which amended existing regulations for farmworkers housing complexes and farmworker group quarters. The amendments updated the employment criteria for farmworkers to identify what classifies someone who is principally employed in agriculture and allows for the spouse or domestic partner of a deceased, qualifying farmworker or animal caretaker to continue to reside in the housing unit in the farmworker housing complexes. Additionally, per Section 8107-41.2.3(c) of the amended ordinance, upon request by the County, property owners must provide proof of employment for tenants of farmworkers housing complexes and farmworker group quarters in the form of at least two employment documents listed in Section 8107-41.2.2(f).

This employment verification declaration is required in accordance with the approved conditions of approval granted for a farmworker housing complex or a farmworker group quarters on the subject site and pursuant to the Ventura County Non-Coastal Zoning Ordinance (NCZO), Section 8107-41.2.3, which requires that the owner of the property, or designated agent, must *submit an annual employment verification declaration by May 15 of each year* to the Planning Director, to verify that all the housing units in a farmworker housing complex, or quarters in a farmworker group quarters are occupied by persons who meet the employment criteria established in Section 8107-41.2.2 of the NCZO.

Pursuant to Section 8107-41.2.2 of the NCZO, housing units or quarters in a farmworker housing complex or a farmworker group quarters shall only be rented or provided to persons who are *principally* employed within Ventura County for activities directly associated with agriculture. This includes farmworkers who work on a full-time, full-time seasonal, temporary or part-time basis. Principally employed means that the farmworker's income from activities associated with agriculture is at least 50 percent of their gross personal income. For temporary or seasonal farmworkers, gross personal income may be calculated on a quarterly basis to meet the employment criteria.

Additionally, a qualified farmworker who has been renting a housing unit in a farmworker housing complex who subsequently retires or becomes disabled, or the spouse or domestic partner of a qualified farmworker who has deceased, may continue to occupy the housing unit. This does not apply to farmworker group quarters.

Please complete all required information and questions below prior to **May 15th** each year. Submit to: Anthony Ciuffetelli via e-mail at **anthony.ciuffetelli@ventura.org.**

This form may also be printed and mailed to: Ventura County Planning Division L#1740, Condition Compliance Program, 800 S. Victoria Ave., Ventura, CA 93009. If you have any questions, please call (805) 654-2443.

I certify or declare under penalty of perjury under the laws of the State of California that all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

| Signature | Date |
|--------------------------------------|---------------|
| Print Name of Owner/Designated Agent | Phone No |
| Address | Email address |
| Zone Clearance/PD/CUP Permit Number: | |

| | | Permit Number: | Reporting Year: |
|----------|---|---------------------------------|--------------------------------------|
| Ca | alendar year covered by this form: | Contact Person Na | ame |
| Co | ontact Person Email | Contact Person Phor | ne No.: |
| Та | ax Assessor's Parcel No.: | | |
| A | ddress of Farmworker Housing Comp | plex or Group Quarters: | |
| Ve | erification Questions for Farmworke | er Housing Complex and Farm | nworker Group Quarters: |
| 1. | Will at least one occupant of the farm farmworker group quarters meet employment requirements for the pre ☐ Yes ☐ No | the full-time, full-time seaso | |
| 2. | Will at least one occupant of the farm farmworker group quarters meet employment requirements for the cult ☐ Yes ☐ No | the full-time, full-time seaso | |
| 3. | Is each housing unit in a farmworker in a farmworker group quarters who agriculture is at least 50 percent of directly associated with agriculture? ☐ Yes ☐ No | o are principally employed (inc | come from activities associated with |
| Fo | or Farmworker Housing Complexes | only: | |
| 4. | If you answered "No" above question occupied by a farmworker who was disabled, or is the unit occupied by deceased? ☐ Yes ☐ No ☐ N/A | is previously employed by you | i, but subsequently retired, became |

Please use the applicable attached form(s) to provide details on the units for employment verification.

In lieu of the attached forms, supplemental sheets may be attached in a matching format.

| Permit Number: | Reporting Year: |
|----------------|-----------------|
|----------------|-----------------|

| Housing Unit Space No. (Include address if different from complex) | Farmworker's First and Last Name | Number of Residents Living in Unit (including Farmworker) | Employer of Farmworker (Include contact information- address, phone/email if possible) | Monthly Rent Amount |
|--|-------------------------------------|---|--|------------------------|
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| Housing Unit Space No. (Include address if different from complex) | Farmworker's First and Last Name | Number of Residents Living in Unit (including Farmworker) | Employer of Farmworker (Include contact information- address, phone/email if possible) | Monthly Rent Amount |
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Permit Number: Reporting Year: Number of Housing Unit Space No. (Include address if different from **Employer of Farmworker** Residents **Monthly Rent** Farmworker's (Include contact information- address, phone/email **Living in Unit First and Last Name** Amount if possible) complex) (including Farmworker)

Permit Number: _____Reporting Year:_____

| Farmworker's | Employer of Farmworker (Include contact information- address, phone/email if possible) | Monthly Rent |
|---------------------|--|--------------|
| First and Last Name | (Include contact information- address, phone/email if possible) | Amount |
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