FARMWORKER HOUSEHOLD INITIAL CERTIFICATION

(For properties with a Commission Farmworker Housing Commitment)
(Use at Initial Certification ONLY)

Prop	erty Name:	Unit #:				
Hous	sehold Name:			-		
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Se dr co or Ce	ervices in connection with curying, packing, grading, storion mmodity, or delivering to storion aquaculture commodity; or we ertain classes of employment My Household meets the conetary Requirement for Fa	ultivating the soil, ng, or in preserv rage, market, or a corking in a processin food processing definition of Farm		catching, netting, tate any agricultu arket or to process ig agriculture or ac housing in this pro	handling, planting, ure or aquaculture ing any agriculture quaculture product.	
Disclose all sources of Farm Work income for the previous 12-months and anticipated income for the next 12-months.						
HHD #	Name	Type of Farm Work	Employer	Previous 12- months Earnings	Anticipated next 12-months Earnings	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
			Total Farm Work Income:	\$	\$	
 Does your household meet the monetary requirement (B) above? Yes The prior 12-month Farm Work income meets the requirement. No If no, review the list of Exceptions/Clarifications (Part II) below and check all that apply. Will the primary occupation of at least one member of your Household continue to be as a Farmworker during the next 12 months? Yes Continue with Part III No If no, review the list of Exceptions/Clarifications (Part II) question "b or c". 						
[PAR	T-II] Complete if question 1	or 2 above is "N	na raw ani an'	7 AM 7 AM	0 (1901-1901-1901-1901-1901-1901-1901-1901	
An Exception/Clarification can be considered, if fully documented:						
 a) If the household made less than the monetary requirement during the last 12 months, an exception will be allowed if <i>all</i> of the following have been documented. At least one household member: Has a history of meeting the requirements for a Farmworker Household (including the monetary requirements per year in previous Farm Work income); <i>and</i> Has a current <i>principal</i> occupation and past 12-month occupation is Farm Work; <i>and</i> Plans to continue doing Farm Work as their <i>principal</i> occupation. 						

Household has a: Disabled individual whose principal occupation for the 12-month period before their disability was Farm Work						
Household with an individual retired from Farm Work who is at least 55 years of age or older and, they have: Spent the five years prior to retirement as a Farmworker, <i>OR</i> Spent the majority of ten years prior to retirement as a Farmworker.						
on an an annual an	1 (M)	800 800 800 800 800 800 800 800 800 800 800 800 800 800 800 800 800 800	9 (2001 2001 2001 2001 2001 2001 2001 2001 2001 2001 2001 2001 2001 2001 2001 2			
on AND #2 above must be answered bld's prior year's income. Documentate exception and/or Monetary Requirements.	"yes", or a "no" with a verified exempti- tion to demonstrate how the household ent, such as 3 rd party verifications, W2s	on. Management n I meets the Farm V , shall be attached.	nust verify my /ork Definition			
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ead of Household Signature	Print Head of Household N	lame	Date			
ance and account and account and account and account and account account account account and account a	et and east and	(1801-1801-1801-1801-1801-1801-1801-1801	and the final			
ment must attempt 3 rd party written or ven attempted and cannot be obtained, the	erbal verification of income for the past 12 on the Farm Work Verification/Clarification	months. If 3rd party	should be			
Name	Employer	Eligible for Rehire?	Anticipated next 12-months Earnings			
		☐ Yes ☐ No	\$			
		☐ Yes ☐ No	\$			
		☐ Yes ☐ No	\$			
		☐ Yes ☐ No	\$			
		☐ Yes ☐ No	\$			
Total Farm Work Income Verified: \$						
	Disabled individual whose principal usehold with an individual retired from Spent the five years prior to retirem. Spent the majority of ten years prior Spent the majority of ten years prior to retirem. Spent the majority of ten years prior of ten years prior spent the majority of ten years prior of ten years prior spent s	Disabled individual whose principal occupation for the 12-month period by usehold with an individual retired from Farm Work who is at least 55 year. Spent the five years prior to retirement as a Farmworker, <i>OR</i> Spent the majority of ten years prior to retirement as a Farmworker. Fill] Required to qualify for Farmworker set-aside, question #1 above must be answered "yon AND #2 above must be answered "yes", or a "no" with a verified exemption of any prior year's income. Documentation to demonstrate how the household exception and/or Monetary Requirement, such as 3rd party verifications, W2s by certify that the information provided above is complete and contained of Household Signature Print Head of Household No ment must attempt 3rd party written or verbal verification of income for the past 12 nattempted and cannot be obtained, then the Farm Work Verification/Clarification and Should both methods fail, W-2 statements must accompany this form.	Disabled individual whose principal occupation for the 12-month period before their disabil usehold with an individual retired from Farm Work who is at least 55 years of age or older a Spent the five years prior to retirement as a Farmworker, OR Spent the majority of ten years prior to retirement as a Farmworker. **Till Required** **to qualify for Farmworker set-aside, question #1 above must be answered "yes", or a "no" with no AND #2 above must be answered "yes", or a "no" with a verified exemption. Management rold's prior year's income. Documentation to demonstrate how the household meets the Farm Wexception and/or Monetary Requirement, such as 3rd party verifications, W2s, shall be attached. **Dy certify that the information provided above is complete and correct:** **Print Head of Household Name** **MANAGEMENT: COMPLETE THE FOLLOWING SECTION** **Ment must attempt 3rd party written or verbal verification of income for the past 12 months. If 3rd party attempted and cannot be obtained, then the Farm Work Verification/Clarification by Telephone form ed. Should both methods fail, W-2 statements must accompany this form. **Name** **Employer** **Employer** **Eligible for Rehire?** **No** **Yes** **No			