



# ANNUAL VERIFICATION OF FARMWORKER OR ANIMAL CARETAKER EMPLOYMENT

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

This employment verification is required in accordance with the conditions of the Conditional Use Permit (CUP) or Zoning Clearance issued for a farmworker or animal caretaker dwelling on the subject site and pursuant to the Ventura County Non-Coastal Zoning Ordinance (NCZO), Section 8107-26.4, which states (in pertinent part) that the owner of the property, or his/her designated agent, must **submit an annual verification report by May 15<sup>th</sup> of each year** to the Planning Director, demonstrating that the farmworker(s) and/or animal caretaker(s) residing in the farmworker and/or animal caretaker dwelling unit(s) meet(s) the employment criteria established in Section 8107-26.3 of the NCZO.

Pursuant to Section 8107-26.3 of the NCZO, farmworker and animal caretaker dwelling units shall only be rented or provided under the terms of employment to persons who are employed full time (minimum 32 hours per week) as farmworkers or animal caretakers by the property owner or lessee of the lot upon which the dwelling unit sits, or on other land in Ventura County that is under the same ownership or lease as the property with the dwelling unit. Additionally, a farmworker or animal caretaker who has been renting or occupying a farmworker or animal caretaker dwelling unit and who subsequently retires or becomes disabled, may continue to reside in the dwelling unit.

Please complete all required information and questions below. **Submit to:** Anthony Ciuffetelli via e-mail at [anthony.ciuffetelli@ventura.org](mailto: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 (prior to May 15<sup>th</sup> each year). If you have any questions, please call (805) 654-2443.

*Note: All information provided on this declaration is subject to audit by the Planning Division.*

**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.

Print Name	Signature of Owner/Designated Agent	Date

**Reporting Calendar Year:**

**Date:**

**Property Owner/Designated Agent Name:**

**Phone No.:**

**E-mail Address:**

**Assessor's Parcel Number:**      \_\_\_\_ -0- \_\_\_\_ - \_\_\_\_

**Address:**

**CUP No.:**                                      - OR - **Zoning Clearance No.:**

**Is each farmworker/animal caretaker dwelling unit occupied by at least one person employed by the property owner for at least 32 hours per week on the subject site and/or on other land in Ventura County that is owned by the same property owner?** YES                                      NO

**If you answered "No" above, is the farmworker/animal caretaker dwelling unit occupied by a farmworker/animal caretaker who was previously employed by you, but subsequently retired or became disabled?**      YES                      NO

**Dwelling #1:**

Occupant Name: \_\_\_\_\_ Occupant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

How many family members live in this dwelling, not including the farmworker/animal caretaker? \_\_\_\_\_

If you charge rent for this dwelling, please indicate the monthly rent amount. \$ \_\_\_\_\_  
(If you do not receive rent, please insert N/A.)

**Dwelling #2: (if applicable)**

Occupant Name: \_\_\_\_\_ Occupant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

How many family members live in this dwelling, not including the farmworker/animal caretaker? \_\_\_\_\_

If you charge rent for this dwelling, please indicate the monthly rent amount. \$ \_\_\_\_\_  
(If you do not receive rent, please insert N/A.)

**Dwelling #3: (if applicable)**

Occupant Name: \_\_\_\_\_ Occupant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

How many family members live in this dwelling, not including the farmworker/animal caretaker? \_\_\_\_\_

If you charge rent for this dwelling, please indicate the monthly rent amount. \$ \_\_\_\_\_  
(If you do not receive rent, please insert N/A.)

**NOTE: IF YOU HAVE MORE THAN THREE FARMWORKER/ANIMAL CARETAKER DWELLING UNITS, PLEASE PROVIDE THE REQUIRED INFORMATION ON A SEPARATE SHEET.**