



## CERTIFICATE OF NON-OPERATION

HCD EH 214 (Rev. 08/20)

*NOTICE: California 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 the completed form to: Employee Housing Program, PO Box 278180, Sacramento, CA 95827-8180. For additional information contact the Employee Housing Program at (800) 952-8356 or [EH@hcd.ca.gov](mailto:EH@hcd.ca.gov).*

Certificate for Calendar Year: \_\_\_\_\_ Employee Housing Facility ID #: \_\_\_\_\_

Employee Housing Facility Name: \_\_\_\_\_

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

Operator Name: \_\_\_\_\_

Operator Mailing Address: \_\_\_\_\_

Operator Telephone Number: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

### REASON FOR DISCONTINUED OPERATION:

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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