



REQUEST FOR ASSISTANCE—Employee Housing

HCD MAC 421 (Rev. 08/20)

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)

Department Use Only: