



**COUNTY OF MENDOCINO**  
**DEPARTMENT OF PLANNING & BUILDING SERVICES**  
860 NORTH BUSH STREET • UKIAH • CALIFORNIA 95482  
752 SOUTH FRANKLIN STREET • FORT BRAGG • CALIFORNIA 95437

Case # _____
Date Filed: _____
Received By: _____
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## STATEMENT FOR FAMILY CARE UNIT APPLICATIONS

The proposed family care unit (FCU) will be located at:

Street address: \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

The proposed family care unit is to provide housing for (check one):

- Not more than two (2) adult persons who are sixty (60) years of age or older
- An immediate family member or members who requires daily supervision and care
- A person or persons providing necessary daily supervision and care for the person or person residing in the main residence

Under penalty of perjury I attest that the above is true and correct:

PROPERTY OWNER

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

FAMILY CARE UNIT RESIDENT

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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