



# Yolo County Housing

**Lisa A. Baker, Chief Executive Officer**

147 W. Main Street  
WOODLAND, CA 95695

Woodland: (530) 662-5428  
Sacramento: (916) 444-8982  
TTY: (800) 545-1833, ext. 626

## APPLICATION FOR USE OF YOLO COUNTY HOUSING FACILITIES AND/OR GROUNDS

Applicant:

Type of Event/Service: \_\_\_\_\_

Name of Individual/Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Facility/Activity Information:

Facility Requested: \_\_\_\_\_

Activity to be Conducted: \_\_\_\_\_

Purpose of Activity: \_\_\_\_\_

Event/Activity Date(s): \_\_\_\_\_

Day(s) of Week: \_\_\_\_\_ Time(s): \_\_\_\_\_

Approximate # of People Attending: Adults: \_\_\_\_\_ Children: \_\_\_\_\_ Total: \_\_\_\_\_

YCH Residents Only:  Yes  No    Open to the Public:  Yes  No    Fundraiser:  Yes  No

Admission Fee Charged:  Yes  No    If yes, how much? \_\_\_\_\_

Food/Drinks (no alcohol allowed):  Yes  No    Decorations:  Yes  No

Amplified Sound:  Yes  No    If yes, please explain: \_\_\_\_\_

Equipment Needed (Chairs, tables, extension cords, etc.) \_\_\_\_\_

Equipment Set Up – YCH Administrative Office Only, 147 W. Main Street, Woodland

Projector:  Yes  No    Dual Projector:  Yes  No

Laptop:  Yes  No    Audio Support for Laptop:  Yes  No

Hearing Impaired Support:  Yes  No    Conference Phone:  Yes  No

Additional Information, such as room set up:

Applicant Agreement:

I, the undersigned, as applicant or on behalf of the applicant, certify that the information provided on this application is true and correct and hereby accept full responsibility for any breakage or damage to property or building, and for the conduct of those attending the function for which the facility/ground is requested. I agree to defend, indemnify, and hold harmless YCH, its officers, officials, employees, volunteers, and agents from any and all claims, demands, liability, damages, costs or expenses (including but not limited to attorney fees) in law or equity arising out or connected with the use of the facilities/grounds by me, my agents, volunteers, guests or invitees,, except where caused by the negligence or willful misconduct of YCH. If permission is granted, I, or my representative agree to be present during the entire use of the facility/grounds. My signature below signifies that I agree to abide by all of the conditions of this application, the Facility Use Policy and of any contract/agreement issued based on this application. I also agree to pay YCH all costs that YCH may incur as a result of any failure to comply with all of these conditions including damages caused by failure to leave the premises in a useable condition.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Please Print

*Do not write below this line, YCH official use only:*

Requirements and Approval:

Facility Use Agreement:  Yes  No

Certificate of Insurance:  Yes  No  Waived by: \_\_\_\_\_

Deposit Required:  Yes  No \$ \_\_\_\_\_

Security:  Yes  No

Other: \_\_\_\_\_

Staff Approval:  Yes  No \_\_\_\_\_  
Signature

Facilities Manager Approval (if applicable):  Yes  No \_\_\_\_\_  
Signature

CEO (or Designee) Approval:  Yes  No \_\_\_\_\_  
Signature