

## CITY OF ALAMEDA APPLICATION FOR HOUSING AUTHORITY BOARD OF COMMISSIONERS: TENANT COMMISSIONER

Please submit your completed application form with optional resume or additional information to the City Clerk: <a href="mailto:clerk@alamedaca.gov">clerk@alamedaca.gov</a> or City Hall, 2263 Santa Clara Avenue, Room 380. Applications are valid for one year.

This application is for a Tenant Commissioner. Please see attached Frequently Asked Questions (FAQs) for more information about this position.

To apply to be a Member-at-Large Commissioner, please complete a Member-At-Large Application.

Tenant applicants must be one of the following:

- Named on the lease and participate in Housing Choice Voucher (HCV) Program; or
- Named on the lease and participate in (i) Project Based Voucher (PBV) Program, or (ii) HCV Program, or (iii) live in a property directly owned by the Housing Authority of the City of Alameda (AHA)
- Tenants who are HCV or PBV participants may live in units owned by Island City Development or Alameda Affordable Housing Corporation

Please choose one:	☐ Senior Tenant (over 62) ☐ Tenant (over 18)	
	Qs about this position. your application changes, please	e inform the City Clerk.
Please clearly print t	he following information:	
Name:		
(Last)	(	First)
Residence Address:		
E-mail:		
		Type: □ Cell □ Home
Occupation:		
Name of Employer		

To avoid possible conflicts of interest that could disqualify you for this position, please answer the following questions.

For conflict of interest purposes, the term "immediate family member" generally includes the applicant's spouse, registered domestic partner under California law, parent (including step-parent), child (including step-child), grandparent, grandchild, sister, or brother (including step-sister or step-brother).

. Are you or your immediate family member, or your respective employer(s) a Section 8 andlord?				
□ Yes □ No				
If yes, please identify property(ies):				
2. Do you or your immediate family member, or your respective employer(s) own or manage property in the City of Alameda that receives federal or state funding, subsidy or assistance, such as Project Based Vouchers, Community Development Block Granfunds, HOME funds, predevelopment loans or other types of loans, or other federal and state assistance?				
□ Yes □ No				
If yes, please identify property(ies):				
3. Do you or your immediate family member, or your respective employer(s) currently have a pending application for federal or state funding, subsidy, or assistance?  ☐ Yes ☐ No				
If yes, please describe:				
4. Do you or your immediate family member, or your respective employer(s) have any direct or indirect financial interest in any contract, agreement, or request (e.g. management or development services, funding requests, application for Project Based Vouchers) that is expected to come before the Board of Commissioners during you tenure as a commissioner?  □ Yes □ No  If yes, please describe:				

5. Do you or your immediate family member, or your respective employer(s) have any interest or relationship with:						
a. Alameda Affordable Housing Corporation		□ Yes	□ No			
b.	The City of Alameda	□ Yes □ Yes □ Yes	□ No			
C.	The County of Alameda		□ No			
d.	Alameda Point Collaborative		□ No			
e.	Building Futures	□ Yes	□ No			
If yes, please describe:						
emplo intere	□ Yes □ No	would create	•			
If yes	, please describe why:					
other position activit	you or your immediate family member or you interests in the City of Alameda which may poon, such as contractual relationships, owners ties, etc.?  ☐ Yes ☐ No  , please describe:	ose a conflict hip of real est	of interest in this			
Please provide the following information.  Education (List schools attended and degrees obtained):						
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Experience relevant to serving on the Board of Commissioners:						
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Experience serving on any City Board, Commission or Committee:						

Other Comments:			
Applications are public information. Please in your contact information. The City will attempt guarantee that such information will not become	to-address		
Would you like your address withheld?	□ Yes	□ No	
Would you like your e-mail address withheld?	□ Yes	□ No	
Would you like your phone number withheld?	□ Yes	□ No	
(Signature)		(Date)	