

# HOUSING AUTHORITY OF THE COUNTY OF SAN DIEGO

3989 Ruffin Road, San Diego, CA 92123-1815 Tel: (858) 694-4801 Toll-free: (877) 478-5478 Fax: (858) 467-9713 TDD: (800) 735-2929



## APPLICATION FOR THE RESIDENT ADVISORY BOARD FOR THE HOUSING AUTHORITY OF THE COUNTY OF SAN DIEGO

**INSTRUCTIONS:** Please complete this form in its entirety. Note the additional requirements listed at the bottom of the second page.

(For Official Use Only)

*Please note that this application is a public record subject to disclosure. This application will remain active for a period of one year. After one year, it is necessary to file a new application.*

Submit the completed application to Housing and Community Development Services, Rental Assistance, 3989 Ruffin RD, San Diego, CA 92123-2471 or via e-mail to [Monique.Mercier@sdcounty.ca.gov](mailto:Monique.Mercier@sdcounty.ca.gov).

### Applicant Contact Information

*Note: Personal information may be withheld from public view as allowed by law.*

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Resident Advisory Board for the Housing Authority of the County of San Diego

\_\_\_\_\_  
Home Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Mailing Address (if different from home address)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Mobile Phone Number

\_\_\_\_\_  
E-Mail Address

**The Resident Advisory Board meets several times per year at Housing and Community Development Services during business hours. Meeting dates will be published with as much advance notice as possible, with a minimum of 48 hours.**

*Please list any time restrictions*

**What experience or special knowledge can you bring to your area(s) of interest?**

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**NOTE:** Candidates for the Resident Advisory Board will be interviewed prior to selection and may be asked to provide additional information. Selections will be made to adequately represent the assisted households in the jurisdiction of the Housing Authority of the County of San Diego. To the extent possible, this will include regional, program and demographic diversity.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

*Applicant's Signature*

*Date*

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*(For Official Use Only)*

*Review Date* \_\_\_\_\_ *Interview Date* \_\_\_\_\_ *Status* \_\_\_\_\_

<i>Elite ID</i>	<i>Eligibility Status</i>	<i>Supervisory District</i>
<input type="checkbox"/> <i>Public Housing (PH)</i> <input type="checkbox"/> <i>Project Based Voucher (PBV)</i> <input type="checkbox"/> <i>Housing Choice Voucher (HCV)</i> <input type="checkbox"/> <i>Special Program</i>		