

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 A TENANT COMMISSIONER SEAT ON THE HOUSING AUTHORITY OF THE COUNTY OF SAN DIEGO'S BOARD OF COMMISSIONERS

INSTRUCTIONS: Please complete this form in its entirety.

(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 the following email address: HACSDBOARDS.HHSA@SDCOUNTY.CA.GOV.

Applicant Contact Information

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

Last Name

First Name

Date of Birth

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

I am a ☐ HACSD Public Housing Resident or a ☐ HACSD HCV Participant and I am currently listed on the lease.

The Board of Commissioners meet several times throughout the year at the San Diego County Administration Building or virtually during business hours (M-F 8:00AM – 5:00PM). Meeting dates and times will be published with as much advance notice as possible prior to a meeting date. Attendance is mandatory.

- Are you willing to attend in-person Board meetings? ☐ Yes ☐ No
- Are you willing to attend and participate in required trainings? ☐ Yes ☐ No

Please list any time restrictions

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What experience or special knowledge do you have that would make you a good candidate for Tenant Commissioner?

Please describe your experience in serving the community and why are you interested in being a Tenant Commissioner?

NOTE: Candidates for Tenant Commissioner 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

(For Official Use Only)

Review Date _____

Interview Date _____

Status _____

tCode

Eligibility Status

☐ Public Housing (PH) ☐ Project Based Voucher (PBV) ☐ Housing Choice Voucher (HCV) ☐ Special Program