

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. 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. Please submit this application no later than 11:59 pm, Friday, June 3, 2022. 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.

_____	_____
<i>Last Name</i>	<i>First Name</i>

_____	_____	_____	_____
<i>Home Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
_____	_____	_____	_____
<i>Mailing Address (if different from home address)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
_____	_____	_____	
<i>Home Phone Number</i>	<i>Mobile Phone Number</i>	<i>E-Mail Address</i>	

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.

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 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* _____

<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>		