

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 RESIDENT ADVISORY BOARD MEMBER 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 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 email to: 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 Resident Advisory Board meets several times throughout the year at the Housing and Community Development Services 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 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 to serve on the Resident Advisory Board?

Why are you interested in serving on the Resident Advisory Board?

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

(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