

Applications are valid for one year.

CITY OF ALAMEDA APPLICATION HOUSING AUTHORITY BOARD OF COMMISSION

Please note that those persons <u>APPOINTED</u> to the Housing Commission will be required to file Conflict of Interest Statement.

	H SEAT(S) YOU ARE QUALIFIED F	OR: ☐Tenant of Housing
	Authority Programs	Authority Programs
PLEASE PRINT THE F	OLLOWING INFORMATION:	
Name:		
(Last)	(First)	(Middle Initial)
Address:		
Telephone Home:	Business:	
E-mail:		
Occupation:	Employer:	
	ions conflict with your or your spouse's b	
Qualifying Education (Li	st schools attended and degrees obta	ained):
Qualifying Experience (Li	st prior practical experience which wou	ld qualify you for the Commission):
Other Comments:		
Application forms are public in	nformation. Would you like your telephone nur Would you like your e-mail addre	
Nominees are subject to back	kground investigations. Do you agree to be sul	bject to an investigation? Yes No
File with the City Clerk, Cit	(Signature) y Hall, 2263 Santa Clara Avenue, Room :	(Date) 380. You will be notified if appointed.

Revised 7-2015