Return to:
Spokane Housing Authority
Attn: Admin Services Manager
25 W. Nora Ave.
Spokane, WA 99201
or email to arollins@spokanehousing.org

Resident Commissioner Application

NOTICE: The information you provide on this questionnaire will be used by the Spokane Housing Authority Board of Commissioners in considering your appointment. Type or print legibly in ink. Add additional sheets if necessary. Keep a copy of your completed application and attachments as they will not be returned.

APPLICANT INFORMATION

Last Name:	First:	MI:
Mailing Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Email:		

AFFILIATION WITH SPOKANE HOUSING AUTHORITY

Applicants must be a client of Spokane Housing Authority directly assisted through the tenant-based Section 8 Housing Choice Voucher program, a client of any other Spokane Housing Authority rental assistance program, or a tenant of a Spokane Housing Authority managed property. What is your current business relationship with Spokane Housing Authority?

_____I am a client of a Spokane Housing Authority receiving rental assistance.

_____I am a tenant of a Spokane Housing Authority managed property at _____.

Education. Highest school grade completed: _____

College:_____

Major(s): _____ Degree: _____

Other degrees, certifications, or trade licenses:_____

Military History. Are you or have you ever been a member of the Armed Forces of the United States? ___ No ___ Yes

Dates of Service: _____ Branch_____

Civic Experience. *List any community, civic, trade or professional organization in which you have been active.*

Have you ever been elected or appointed to any public office, board, or commissioner? ____No ____ Yes, please list.

- Title/Position:_____ Dates From/To:_____ Entity:_____
- Title/Position:_____ Dates From/To:_____ Entity:_____
- Title/Position:_____ Dates From/To:_____ Entity:_____

Have you ever held a position or elected office with any federal, foreign, Washington or other state, or local government entity or agency? ___No ___ If yes, please list.

- Entity:_____ Dates From/To:_____ Position:_____
- Entity:_____ Dates From/To:_____ Position:_____

Current/Most Recent Employment:

- Business Name:_____ Location:_____

  Job Title:_____ Nature of Business:_____ From/To:_____

Previous Employment:

- Business Name:_____ Location:_____

  Job Title:_____ Nature of Business:_____ From/To:_____
- Business Name:_____ Location:_____

  Job Title:_____ Nature of Business:_____ From/To:_____

REFERENCES. The following individuals are qualified to comment on my capabilities:

1. Name: _____ Relationship: _____Phone: _____

   Mailing Address: _____
2. Name: _____ Relationship: _____Phone: _____

   Mailing Address: _____
3. Name: _____ Relationship: _____Phone: _____

   Mailing Address: _____

Why are you interested in being a member of the Spokane Housing Authority Board of Commissioners?

_____

_____

OATH OF APPLICATION

I CERTIFY UNDER OATH that I have read and understand all questions and statements contained in this application, further, that all statements I have made herein are true and correct to the best of my knowledge and belief.

AUTHORIZATION FOR REFERENCE CHECK. I hereby authorize any individual, company or institution with whom I have been associated to furnish the Spokane Housing Authority any pertinent information concerning my association which they may have on record or otherwise. I do hereby release the individual, company, or institution and all individuals connected therewith from all liability for any damages whatsoever incurred in furnishing such information. NOTE: Information contrary to State laws against discrimination is not sought or utilized.

Signature of Applicant_____ Date_____