



For Office Use Only

Date Received:

NYCHA RESIDENT BOARD MEMBER APPLICATION

Personal Information

LAST NAME		FIRST NAME <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.			M.I.	DATE OF BIRTH
ADDRESS (NUMBER AND STREET)					APT #	
BOROUGH or CITY		STATE	ZIP CODE		HOME TELEPHONE NUMBER () ()	
BUSINESS TELEPHONE NUMBER () -			CELL PHONE NUMBER () -			
HOME E-MAIL ADDRESS			BUSINESS E-MAIL ADDRESS			
NYCHA DEVELOPMENT NAME AND LENGTH OF TIME RESIDING IN NYCHA DEVELOPMENT						
HAVE YOU LIVED IN ANOTHER NYCHA DEVELOPMENT? <input type="checkbox"/> YES IF YES, NAME OF NYCHA DEVELOPMENT						
FROM: MO. YR.		TO: MO. YR.		<input type="checkbox"/> NO		

Education

NAME OF SCHOOL	FROM	TO	DID YOU GRADUATE? (YES or NO)	DEGREE RE-CEIVED	MAJOR SUBJECT
	MO. YR.	MO. YR.			
HIGH SCHOOL OR TRADE SCHOOL					
COLLEGE OR OTHER SCHOOL					

CIRCLE HIGHEST GRADE COMPLETED.

(Elementary School)								(High School)					(College)				(Graduate)		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20



Employment

List your employment history beginning with your most recent or last position held

(Check One) Retired Employed Unemployed Military Other _____

① Dates Of Employment	From	To	Job Title	Weekly Salary \$	Type Of Business
Firm Name					
Firm Address (Number and Street)			<i>(Borough or City, State, Zip Code)</i>		
Reason for Leaving:					

② Dates Of Employment	From	To	Job Title	Weekly Salary \$	Type Of Business
Firm Name					
Firm Address (Number and Street)			<i>(Borough or City, State, Zip Code)</i>		
Reason for Leaving:					

③ Dates Of Employment	From	To	Job Title	Weekly Salary \$	Type Of Business
Firm Name					
Firm Address (Number and Street)			<i>(Borough or City, State, Zip Code)</i>		
Reason for Leaving:					



Community and Resident Activities

Have you ever been a member of a Board? Yes No

If yes, please specify the Board name, and the dates of service.

(1) Board Name	Dates of Service
(2) Board Name	Dates of Service

Please list current and past civic, fraternal, and non-profit organizations in which you are or have been active. Include any NYCHA activities.

Name of Organization	Dates	Title

Add additional attachments to application, if needed.

Describe ways in which you are making or have made contributions to your NYCHA development or community.

What do you think are the most pressing issues facing NYCHA?

Please explain why you think you should be selected as a NYCHA Resident Board Member.



References

Please list 3 professional and/or personal references.

Name	Telephone #	Relationship to You
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide any additional information you believe would be useful in considering your application. A resume is optional.

CERTIFICATION

By checking this box, I hereby certify:

If appointed, I understand it is my responsibility to notify the Office of the Mayor of any changes in residence, business, or any factor that would affect my membership on the NYCHA Board.

I recognize that the NYCHA Resident Board membership requires my attendance at Board meetings and committee meetings. I am willing to make this commitment of time and effort to serve. In addition, I agree to abide by all New York City Conflicts of Interest laws.

A background check will be conducted. Any false statements or intentional omissions made in this application in connection with this background investigation may result in the applicant's disqualification for the NYCHA Resident Board Member position.

The Freedom of Information Law (FOIL) may allow for public review of this application upon request.

That all information in this application is complete, truthful, and accurate to the best of my knowledge.

Print Name

Signature

Date

NOTE: Applications MUST be mailed to: NYCHA Resident Board Member, P. O. Box 3422, New York, NY 10008 and postmarked no later than August 2, 2013.

For additional information, please visit www.nyc.gov (type NYCHA in the search box) or call 311

