AFFORDABLE HOUSING ADVISORY COMMITTEE Application for Appointment

This application form is for consideration by the Escambia County Board of County Commissioners for appointment to the Affordable Housing Advisory Committee.

Please return this application to: Escambia County Neighborhood & Human Services Department Neighborhood Enterprise Division Attention: Garett Griffin 221 Palafox Place, Suite 305 Pensacola, FL 32502

Applications must be received at the above address by 3:00 p.m., Jan. 6, 2025.

Important: Please fill in all items requested completely. All information will be Public Record if appointed.

By Florida Statutes, the committee must be made up of at least six people represented from the following different interests and professions (Note: The City of Pensacola will appoint two representatives). Please mark the position that you believe you could represent on the Committee. Please note that each category below may have only one representative.

| INTEREST | POSITION | | | | | |
|----------|---|--|--|--|--|--|
| | One citizen who is actively engaged in the residential home building industry in connection with | | | | | |
| | affordable housing | | | | | |
| | One citizen who is actively engaged in the banking or mortgage industry | | | | | |
| | One citizen who is a representative of those areas of labor actively engaged in home building in connection with affordable housing | | | | | |
| | One citizen who is actively engaged as an advocate for low-income persons in connection with affordable housing | | | | | |
| | One citizen who is actively engaged as a for-profit provider of affordable housing | | | | | |
| | One citizen who is actively engaged as a real estate professional in connection with affordable housing | | | | | |
| | One citizen who is actively engaged as a not-for-profit provider of affordable housing | | | | | |
| | One citizen who resides within Escambia County | | | | | |
| | One citizen who represents employers within the jurisdiction | | | | | |
| | One citizen who actively serves on the local planning agency | | | | | |
| | One citizen that represents essential personnel, which is defined as individuals permanently employed by a company or organization located within Escambia County, the City of Pensacola or the Town of Century as: | | | | | |
| | *Local or State Law Enforcement; Fire, Rescue, & Emergency Services; Public Safety & Emergency Management | | | | | |
| | *Teachers, Educators, and School District Personnel in the public, private, or university systems | | | | | |
| | *Health Care professionals and support personnel | | | | | |
| | *Tourism Industry professionals and employees | | | | | |
| | *Judicial/Court System management and support personnel | | | | | |
| | *Skilled building trades personnel | | | | | |

PERSONAL DATA

| Salutation | First Name | Middle Initial | Last Name | | | | | | |
|--|---------------|--------------------|-------------|--|--|--|--|--|--|
| | | | | | | | | | |
| Street Address | | City, State, Zip | | | | | | | |
| | | | | | | | | | |
| Home Phone | Cell Phone | Email Address | | | | | | | |
| | | | | | | | | | |
| EMPLOYMENT DATA | | | | | | | | | |
| | | | | | | | | | |
| Name of Employer | | | | | | | | | |
| | | | | | | | | | |
| Street Address | | City, State, Zip | | | | | | | |
| | | | | | | | | | |
| Work Phone | | Work Email Address | | | | | | | |
| Work Flidile | | WORK Email Address | | | | | | | |
| Which mothed do you profer to | he contected? | | | | | | | | |
| Which method do you prefer to | be contacted? | | | | | | | | |
| If you have ever held any Professional or Occupational Licenses, Registrations, or Certifications, please provide the Title, Issue Date, and Issuing Authority: | | | | | | | | | |
| | - | | | | | | | | |
| TITLE | ISSUE DATE | ISSUIN | G AUTHORITY | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Have you, members of your immediate family, or businesses of which you or members of your immediate family been an owner, officer or employee, held any contractual or had any other dealing during the last three years with any Escambia County agency, including the Board to which you seek appointment? | | | | | | | | | |
| Yes | No | | | | | | | | |
| | | | | | | | | | |
| If yes, please explain: | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Name any businesses, professional, civic or fraternal organizations of which you are a member, and the dates of your membership:

| DATE | ORGANIZATION | | | | |
|--|-----------------|--|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| Are you a resident of Escambia County? (Members MUST be a resident of Escambia County) | | | | | |
| Yes No_ | | | | | |
| If yes, continuous resident since (year) | | | | | |
| | | | | | |
| Are you currently serving, or have you ever served, on a board or committee? | | | | | |
| Yes No_ | | | | | |
| If yes, please state the name of the Board or Committee and the dates served: | | | | | |
| DATES SERVED | BOARD/COMMITTEE | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Does your field of employment (or last employment) or any volunteer activities in which you engage (or have engaged) involve work or experience in the following categories? (Check as many as apply.)

- ____ Agriculture and/or land-ownership interest
- ____ Banking
- ____ Business/Industry
- Building, Development and/or Real Estate
- ____ Civic Activism
- ____ Community Design, Planning, and/or Engineering
- ____ Education and Academia
- ____ Engineering/Surveying
- ____ Environmental and/or Conservation
- ____ Land Use Law
- ____ Neighborhood and/or Civic Associations
- ____ Planning
- ____ Recreation
- ____ Rural Development
- ____ Transportation
- ____ Water Resources

Please state your experience, interest, or elements of your personal history that you think qualify you for appointment to this committee; specifically your qualifications to represent your selected position above:

| Can you attend meetings if they are held (check all that apply): | | | | | | | |
|--|-----------------------------|------------|--|--|--|--|--|
| Mornings | □ Afternoons | Evenings | | | | | |
| Why do you want to serve on the Committee? | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| What do you hope to a | complice by conving on this | Committee? | | | | | |
| What do you hope to accomplish by serving on this Committee? | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Attach Additional Sheets as Necessary

By submitting this form for consideration, I acknowledge the following: I understand the responsibilities associated with being a committee member, and I have adequate time to serve on the committee.

Applicant's Signature