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: Meredith Reeves

Attention: Meredith Reeves 221 Palafox Place, Suite 200

Pensacola, FL 32502 ned@myescambia.com

The deadline for application submittal is JANUARY 22, 2021.

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

The committee is seeking to fill ONE vacancy from one of the following categories as outlined in Florida Statutes. Please indicate your interest by checking below:

INTEREST	POSITION
	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 a not-for-profit provider of affordable housing
	One citizen who is actively engaged as a real estate professional in connection with
	affordable housing
	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
	*Service Industry Personnel (including child care, hospitality, and food service)

PERSONAL DATA

Salutation	First Name	Middle Initial	Last Name	
Street Address		City, State, Zip		
		, , ,		
Home Phone	Cell Phone	Email Address		
	EMPLOY	MENT DATA		
Name of Employer				
Street Address		City, State, Zip		
Work Phone		Work Email Address		
	y Professional or Occupa Issue Date, and Issuing A ISSUE DATE	Authority:	itions, or Certifications,	
immediate family been a		yee, held any contractua	or members of your al or had any other dealing ne Board to which you seek	
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:

ORGANIZATION
ers MUST be a resident of Escambia County)
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ed, on a board or committee?
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mmittee and the dates served:
BOARD/COMMITTEE
ent) or any volunteer activities in which you engage (or following categories? (Check as many as apply.)

Please state your experie for appointment to this co		of your personal history that you think qualify you
Can you attend meetings	s if they are held (check all	that apply):
□ Mornings	☐ Afternoons	□ Evenings
Why do you want to serv	e on the Committee?	
What do you hope to acc	complish by serving on this	Committee?
		_
Attach Additional Sheets	as Necessary	
By submitting this form for associated with being a	or consideration, I acknowle committee member, and I h	edge the following: I understand the responsibilities have adequate time to serve on the committee.
Applicant's Signature		Date