



For Office Use Only

Date Received:

# NYCHA RESIDENT BOARD MEMBER APPLICATION

## Personal Information

LAST NAME		FIRST NAME			MR.	MRS.	MS. <i>(CHECK ONE)</i>	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 ( ) _____ - _____						
PERSONAL E-MAIL ADDRESS					BUSINESS E-MAIL ADDRESS						
WHERE DO YOU LIVE NOW? DEVELOPMENT NAME: _____											
FROM: MO.		YR.		TO: MO.		YR.					
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 RECEIVED	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	<b>Dates Of Employment</b>	From	To	Job Title	Weekly Salary \$	Type Of Business
Firm Name						
Firm Address (Number And Street)				(Borough Or City, State, Zip Code)		
Reason For Leaving:						

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

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

***To provide additional employment information, please include on page 4 or add an attachment.***



**Community and Resident Activities**

Please list positions you currently hold or have previously held on Boards/Committees and organizations in which you currently or previously volunteer(ed) or participated in, including any NYCHA activities. (Examples: civic, fraternal, community, business, political, professional, religious, or social organizations).

Name of Organization	Position	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*To provide additional information, please include on page 4 or add an attachment.*

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What would you want to change at NYCHA and why?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## References

Please list three professional and/or personal references.

**NOTE:** Please submit a written recommendation from at least one of the references listed below along with your application.

Name	Email Address or 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 other events. 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.

I understand that a background check will be conducted. I also understand that any false statements or intentional omissions made in this application may result in my disqualification for the NYCHA Resident Board Member position.

I understand that the Freedom of Information Law (FOIL) may allow for public review of this application upon request.

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

\_\_\_\_\_

Print Name Signature Date

**\*If submitting on-line, please make sure you save the completed application to your computer before closing.**

**NOTE: Applications must be received on-line or postmarked no later than October 31, 2018. All mailed applications must be sent by USPS regular mail to: NYCHA Resident Board Member, P. O. Box 3422, New York, NY 10008-3422. Incomplete applications will not be considered. For additional information, please visit <http://on.nyc.gov/nycha-board> or call 311.**

