



CITY OF DeLAND
APPLICATION FOR APPOINTMENT
DeLAND HOUSING AUTHORITY

CRITERIA: Majority must be City residents.

DUTY: A local public housing agency for undertaking and carrying out preliminary planning of low-rent housing projects and financial assistance in providing low-rent housing by leasing dwelling units in existing privately-owned structures.

APPLICANT INFORMATION

Please Type, if possible (or print clearly) Date: _____

Name: _____
(Last) (First) (Middle)

Address: (H) _____ Zip Code: _____
(O) _____ Zip Code: _____

Phone: (H) (____) _____ (O) (____) _____

E-Mail Address: _____

Employer: _____

Position: _____ How Long: _____

Education: School Yrs. Completed Degrees

High School: _____

Colleges: _____

1. Do you currently work within the City limits? Yes _____ No _____
2. Are you a City of DeLand resident? Yes _____ No _____
3. Do you own property in DeLand? Yes _____ No _____
4. Have you ever served on a City Board? Yes _____ No _____
If yes, when and which board? _____
5. Are you currently serving on any advisory board for any other governmental agency?
Yes _____ No _____
6. How long have you lived in the DeLand area? Years _____

Work Experience:

Community Involvement:

Interests/Activities:

Why do you desire to serve on this Board?

A resume or separate sheet with additional information may be included.

I understand the responsibilities associated with being a Board member, and I have adequate time to serve on the above Board.

Signature

If you have questions, please call the Office of City Clerk (626-7130). Return this form to City Hall, 120 South Florida Avenue, DeLand 32720 ATTN CITY CLERK.