



SARASOTA HOUSING AUTHORITY BOARD APPLICATION

(please type or print clearly)

BOARD: _____ DATE: _____

CURRENT MEMBER SEEKING RE-APPOINTMENT: YES NO

NAME: _____ HOME PHONE: _____

HOME ADDRESS: _____ ZIP CODE: _____

CITY RESIDENT: YES NO DISTRICT: 1 2 3

HOW LONG HAVE YOU LIVED IN SARASOTA? _____

DO YOU OWN PROPERTY WITHIN THE CITY OF SARASOTA? YES NO

IF YES, ADDRESS: _____

OCCUPATION: _____

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____ BUSINESS PHONE: _____

ARE YOU CURRENTLY SERVING ON A CITY BOARD? YES NO

IF YES, WHICH BOARD? _____

RESUME OF EDUCATION AND EXPERIENCE _____

MEMBER OF THE FOLLOWING CIVIC ORGANIZATIONS: _____

WHY DO YOU DESIRE TO SERVE ON THE ABOVE BOARD? _____

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PLEASE ATTACH A COPY OF YOUR BIOGRAPHY INCLUDING A RESUME OF YOUR EDUCATION, BACKGROUND, EXPERIENCE, AND QUALIFICATIONS.

HAVE YOU EVER BEEN CONVICTED OR PLED "NO CONTEST" TO A FELONY OR MISDEMEANOR OFFENSE? YES NO

IF CONVICTED OF A FELONY, HAVE YOUR CIVIL RIGHTS BEEN RESTORED: YES NO

GIVE DETAILS: _____

I UNDERSTAND THAT IF APPOINTED, I WILL SERVE ON THE SARASOTA HOUSING AUTHORITY BOARD WITHOUT COMPENSATION AND AT THE PLEASURE OF THE CITY COMMISSION.

APPLICANT'S SIGNATURE

MEMBERSHIP ON THE FOLLOWING BOARDS REQUIRE THAT AN ANNUAL FINANCIAL DISCLOSURE FORM BE FILED ON OR BEFORE JULY 1ST OF EACH YEAR: BOARD OF ADJUSTMENT, BUILDING BOARD OF RULES AND APPEALS, PLANNING BOARD/LOCAL PLANNING AGENCY, GENERAL EMPLOYEES PENSION BOARD OF TRUSTEES, FIREFIGHTERS PENSION BOARD OF TRUSTEES AND POLICE OFFICERS PENSION BOARD OF TRUSTEES.

APPLICANTS FOR BOARD APPOINTMENTS ARE REMINDED OF THE PROVISIONS OF THE FLORIDA STATUTES AS APPLICABLE TO CONFLICTS OF INTEREST. ALL BOARD APPLICATIONS ARE RETAINED FOR ONE (1) YEAR AFTER THE DATE OF APPLICATION. A NEW APPLICATION WILL BE REQUIRED AT THAT TIME. ATTENDANCE IS IMPORTANT AND BOARD MEMBERS ARE AUTOMATICALLY REMOVED FROM THE BOARD SHOULD THEIR ABSENCES EXCEED 25% OF ALL SCHEDULED MEETINGS, INCLUDING WORKSHOPS, IN A GIVEN YEAR UNLESS THE BOARD, BY MAJORITY VOTE PLUS ONE (1), WAIVES AN ABSENCE.

PLEASE DIRECT ANY QUESTIONS RELATIVE TO FINANCIAL DISCLOSURE AND CONFLICT OF INTEREST TO THE CITY AUDITOR AND CLERK, TELEPHONE NO. (941)954-4160. SEND COMPLETED FORMS TO: OFFICE OF THE CITY AUDITOR AND CLERK, P.O. BOX 1058, SARASOTA, FL 34230

**THE CITY AUDITOR AND CLERK
CITY OF SARASOTA
P.O. BOX 1058
SARASOTA, FL 34230**