

**POLICY COMMITTEE APPLICATION FORM**

**Monthly Meeting: Second Wednesday of each month, 9:00-10:45 a.m.**

Please complete all fields. All applications are confidential. In order to be considered, all applications must be received by ***noon on December 7, 2018***. Submit applications to: laura@housingsandiego.org.

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| **Name:** |  |
| **Organization/Affiliation:** |  |
| **Title:** |  |
| **Email Address:** |  |
| **Phone Number:** |  |

**Sector: (Please select category most closely representing *your* area of expertise, rank up to three with 1 being most close affiliation and 3 being least close)**

* Affordable Housing Developer (non-profit)
* Affordable Housing Developer (for-profit)
* Community Development Finance Institution
* Nonprofit Community Organization/Advocate
* Resident Services Provider
* Supportive Housing Provider
* Community & Economic Development
* Government
* Affordable Housing Resident
* Banking/Financial Institution

**Interest in Committee:** Please briefly describe your interest in the Policy Committee. What viewpoint and/or expertise will you bring to the group?

**Application Agreement**

I have reserved the dates and times on my calendar for participation in the Policy Committee. I have read the committee agreements outlined in the Policy Committee Charter and agree to them. By applying to the Policy Committee, I am confirming that I will be able to meet all the requirement obligations of the Policy Committee voting membership.

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Signature Date