



SARASOTA HOUSING AUTHORITY ADVISORY BOARD APPLICATION

(please type or print clearly)

BOARD: _____ DATE: _____

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? _____

WHAT TALENT, EXPERIENCE, AND SPECIAL EXPERTISE DO YOU BRING TO THE ABOVE BOARD? _____

MEMBER OF THE FOLLOWING CIVIC ORGANIZATIONS: _____

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

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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 ADVISORY BOARD WITHOUT COMPENSATION AND AT THE PLEASURE OF THE CITY COMMISSION.

APPLICANT'S SIGNATURE

PLEASE NOTE:

MEMBERSHIP ON THE SARASOTA HOUSING AUTHORITY ADVISORY BOARD REQUIRES THAT AN ANNUAL FINANCIAL DISCLOSURE FORM BE FILED ON OR BEFORE JULY 1ST OF EACH YEAR.

APPLICANTS FOR APPOINTMENT TO THE SARASOTA HOUSING AUTHORITY ADVISORY BOARD 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.

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:

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