ADVISORY GROUP NAME: **HOUSING COMMISSION**

CITY OF OCEANSIDE

Application for ADVISORY GROUP

This application is defined as a public record under the Public Records Act. Completion and submission of this application are required for consideration of appointment to a City advisory group. This application must be submitted with an original signature no later than the deadline established by the City Clerk for each advisory group application period. You must be a resident of the City of Oceanside.

Please be advised that the advisory group for which you are applying may require filing a Statement of Economic Interest if you are appointed, and that background checks are completed by the Oceanside Police Department on all applicants. All applications are kept in an active file in the City Clerk's Office for a period of one (1) year and are submitted to the City Council when vacancies arise, unless a written request is received from the applicant to withdraw their application.

APPLICANT'S NAME: _____
(Please print – no nicknames)

HOME ADDRESS: _____
(Street address)

_____
(City) (Zip Code) (Phone Number)

E-MAIL ADDRESS: _____

CURRENT EMPLOYER: _____
(Company Name)

_____
(Company address)

_____
(City) (Zip) (Phone Number)

POSITION TITLE: _____

DRIVER'S LICENSE NUMBER: _____
(Or Date of Birth if no drivers license) (State) (Number)

I have been an Oceanside resident for _____ years.

Are you receiving rental assistance through the City of Oceanside Section 8 Program? Yes ____ No ____

If yes, are you over 62? Yes ____ No ____

Housing Authority tenant status verified by: _____
Housing Department Staff

What are your main areas of interest in Oceanside City government? _____

_____

What relevant experience or education can you bring to this advisory group? _____

_____

What community organizations and associations do you belong to? _____

_____

Are you serving or have you served on any Oceanside advisory groups (Please indicate dates of service) _____

_____

Are you related to, employed by, or affiliated in any way with any current member of this advisory group?

_____

Meetings times are established by a majority of each advisory group (day and/or evening meetings, Monday-Friday). Are there any days and/or times you are not available for meetings?

_____

_____

What additional comments do you have to assist in evaluating your qualifications for appointment to an advisory group? _____

_____

It is the policy of the City of Oceanside that no qualified disabled person will be denied the opportunity to participate as a member of any advisory commission. Appropriate arrangements will be made to accommodate individuals as needed.

PLEASE RETURN COMPLETED APPLICATIONS TO :

City Clerk Department
300 North Coast Highway
Oceanside, CA 92054
Phone: (760) 435-3000

Although not required, you may attach to this application any additional materials that may be considered for appointment (i.e., resumes, letters of recommendation).

_____ _____

Applicant's Signature Date Submitted

Thank you for your willingness to serve your community. The City appreciates your commitment.

OFFICIAL USE ONLY

_____ OPD Background Check Comments _____