

Affordable Housing Advisory Board (AHAB)



APPLICATION FORM

Name		
Street Address		
City	ST	ZIP
Commission District <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13		
Home Phone		
Work Phone		
E-Mail Address		

Check all that apply.

- | | | | |
|-----------------------------------|---|---|---------------------------------|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Male |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American | <input type="checkbox"/> Haitian American | <input type="checkbox"/> Female |

Current Employment and Industry Affiliations	
Please name organizations for which you are currently a member and your current employer	
Employed By	Current Position /Title
Industry Affiliations	Membership/Board Member/Officer

Qualifications	Check all that apply generally	Connected with affordable housing?
<i>Check all that Apply</i>		
<i>Please attach a current resume</i>		
• Actively engaged in residential home building industry		
• Actively engaged in banking or mortgage banking industry		
• Citizen representative in the area of labor actively engaged in home building		
• Actively engaged in advocacy for low income persons in connection with affordable housing		
• Actively engaged as a for profit provider of housing		
• Actively engaged as a not for profit provider of affordable housing		
• Actively engaged as a Real Estate professional		
• Actively serving on the Miami-Dade County Planning Advisory Board (PAB)		
• Citizen who currently resides within the County		
• Citizen who currently represents employers within the County		
• Citizen who currently employed as Essential Service Personnel, defined as firefighters, health care workers, teachers, and law enforcement and criminal justice personnel		
• Construction industry, local CDC, attorney, architect, engineer or planning professional		

This AHAB application and appointment process is made pursuant to Section 17-106 of the Code of Miami Dade County Code and FL Statute section 420.9076. For questions please call Sheila Martinez or Eve Montero at OCED. Phone 786-469-2100. Fax applications to: 786-469-2236

CONFLICT OF INTEREST		
<p>Each member of the AHAB shall comply with the requirements of Section 2-11.38 of the Code of Miami Dade County. Furthermore, a citizen shall not be eligible to serve on the AHAB if that citizen owns a financial interest in, is employed by, or is an officer of any entity that receives or applies for funding from Miami Dade County through the AHAB.</p>		
<p>ARE YOU OR WILL YOU BECOME EMPLOYED BY OR HAVE A FINANCIAL INTEREST IN ANY ENTITY THAT RECEIVES OR APPLIES FOR FUNDING FROM MIAMI DADE COUNTY?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>ARE YOU OR WILL YOU BECOME AN OFFICER OF ANY ENTITY THAT RECEIVES OR APPLIES FOR FUNDING FROM MIAMI DADE COUNTY?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>DO YOU UNDERSTAND UPON VIOLATION OF THE CONFLICT OF INTEREST REQUIREMENT, YOU WILL AUTOMATICALLY FORFEIT YOUR POSITION ON THE AHAB?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

(OPTIONAL)

Why are you interested in serving on the AHAB Board and how will you contribute to the Board's mission?

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a voting member of the Miami Dade County Affordable Housing Advisory Board, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

ALL EFFORTS SHALL BE MADE TO APPOINT PERSONS WHO ARE ENGAGED IN OR CONNECTED WITH AFFORDABLE HOUSING AND ONLY WHEN SUCH AN APPOINTMENT CANNOT BE MADE WILL THE BOARD OF COUNTY COMMISSIONERS MAY APPOINT A CITIZEN WITHOUT REGARD TO EXPERIENCE IN AFFORDABLE HOUSING.

SECTION 2-11.38 OF THE CODE REQUIRES THAT BOARD MEMBERS BE COUNTY RESIDENTS AND REGISTERED VOTERS OF MIAMI-DADE COUNTY.

COPIES OF THIS APPLICATION AND REGULATIONS ARE AVAILABLE FOR DOWNLOAD AT www.miamidade.gov/oced

This AHAB application and appointment process is made pursuant to Section 17-106 of the Code of Miami Dade County Code and FL Statute section 420.9076. For questions please call Sheila Martinez or Eve Montero at OCED. Phone 786-469-2100. Fax applications to: 786-469-2236