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HEALTH AND HUMAN SERVICES DIVISION

Affordable Housing Advisory Committee (AHAC) Membership Form

Thank you for your interest in serving on the Affordable Housing Advisory Committee (AHAC). Its mission is to eliminate substandard housing conditions within the County and provide increased opportunities for all of Polk County's current and future very-low, low and moderate income residents and special needs populations to obtain safe, affordable housing. Your role as a member, while serving a term of three (3) years and will be to attend/participate in all AHAC meetings.

Name:		
Addres	ss:P.O. Box 3134, Winter Haven FL 33885	
Please	check by the best form of contact, but provide both:	
図	Phone: <u>(863) 207-3495</u> Email: <u>hattie.wilson5@aol.com</u>	
Please Statute	check by which category of Representative best aligns with you (Sec.420.9076(2), Flories:	da
	1) A citizen who is actively engaged in the residential home building or builder's trades industry connection with affordable housing.	in
	2) A citizen who is actively engaged in the banking or mortgage banking industry in connection w affordable housing.	ith
×	3) A citizen who is actively engaged as a real estate professional in connection with affordat housing.	le
	4) A citizen who is actively engaged as a for-profit or not-for-profit provider of affordable housing	ıg.
	5) A locally elected official from each county or municipality participating in the SHIP Program.	
	6) A citizen who is actively engaged as an advocate for low, low-moderate-income persons connection with affordable housing.	in
	7) Citizen who represents essential services personnel, as defined in the local housing assistan plan.	ce
	8) Citizen who actively serves on the local planning agency pursuant to Florida Statutes, Se 163.3174.	÷C.
	9) Citizen who resides within the jurisdiction of the local governing body making tappointments.	he

^{*} Resume must be attached and submitted with this form.