

Applicant's Info.

First name*	Last name*
Home address*	Apt. no.
City, state, and Zip Code*	
Home phone*	Alternative phone
E-mail address	

* required fields

- All HCLC members shall be of 18 years of age or older;
- HCLC members shall be residents of the City of Miami, own real property, work or maintain business in the City;
- A copy of the applicant's Resume must be submitted with this application.

Professional Data

Current employer	Current Position/ Title
Trade/ industry affiliations	List all memberships/ board memberships affiliated with

➤ The following is a list of the specific qualifications required to apply for HCLC membership. Please check the correct box for all member seats you qualify for and indicate whether such qualification is in connection with affordable housing. Preference will be given to those applicants who are directly engaged in affordable housing.

Qualification Requirements	Check all that Apply	In Connection with Affordable Housing?
▪ Actively engaged in residential in the residential home building industry.	<input type="checkbox"/>	<input type="checkbox"/>
▪ Actively engaged in the banking or mortgage banking industry.	<input type="checkbox"/>	<input type="checkbox"/>
▪ A representative of those areas of labor actively engaged in home building.	<input type="checkbox"/>	<input type="checkbox"/>
▪ Actively engaged as an advocate for low-income persons.	<input type="checkbox"/>	<input type="checkbox"/>
▪ Actively engaged as a for-profit housing provider.	<input type="checkbox"/>	<input type="checkbox"/>
▪ Actively engaged as a not-for-profit housing provider.	<input type="checkbox"/>	<input type="checkbox"/>
▪ Actively engaged as a real estate professional.	<input type="checkbox"/>	<input type="checkbox"/>
▪ A resident of the City of Miami.	<input type="checkbox"/>	
▪ A person who represents employers within the City of Miami.	<input type="checkbox"/>	
▪ A person who works in the following trades/ industries within the City of Miami – education, health care, law enforcement, fire safety /emergency, and criminal justice system.	<input type="checkbox"/>	

➤ **Conflict of Interest**

A person is not eligible to serve on the HCLC if that person owns financial interest, is employed by, or is an officer of any entity that receives or intends to receive funding from the City of Miami.

▪ Are you or will you become employed by or have a financial interest in an entity that receives or applies for funding from the City of Miami?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Are you or will you become an officer of any entity that receives or applies for funding from the City of Miami?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

➤ By signing and submitting this application, I understand that if I am accepted as a member of the HCLC any false statement or misrepresentation may result in my dismissal from the committee.

Your signature _____ Date _____

If you have any questions regarding this application, please contact the Assistant Director of the Programs and Reporting Division at 305-416-2080. Applications may be faxed along with a Resume to 305-400-5064.

Copy of this application is available at www.miamigov.com/communitydevelopment. HCLC application forms shall be mailed, along with the applicant's Resume to:

City of Miami - Department of Community Development
 Attn.: Assistant Director of Programs & Reporting Division
 444 SW 2nd Avenue, 2nd floor, Miami, FL 33130

