HOUSING PARTNERS OF WESTERN NEBRASKA

Housing Authority of the County of Scotts Bluff, Nebraska

BOARD OF COMMISSIONERS APPLICATION

Five-Year Term

Name: _____

Address: _____

Phone: _____ Email: _____

ELIGIBILITY

1. Are you at least 19 years of age, or otherwise legally an adult under Nebraska law?

☐ Yes ☐ No

2. Do you reside within Scotts Bluff County?

☐ Yes ☐ No

3. Have you ever been convicted of a felony?

☐ Yes ☐ No

If yes, briefly explain, including any pardon or restoration of rights:

_____

_____

_____

CONFLICT OF INTEREST — APPLICANT DISCLOSURE

Please review the following situations identified in the Authority's Conflict of Interest Policy. These restrictions may apply during service as a board member and for one year afterward; legal exceptions or waivers may be available. Mark any situation that applies or may apply to you or your immediate family.

☐ I have or may have a direct or indirect interest in a contract or arrangement with the Housing Authority.

☐ An immediate family member has or may have a direct or indirect interest in a contract or arrangement with the Housing Authority.

☐ An immediate family member is employed by, or is seeking employment with, the Housing Authority.

☐ Myself or an immediate family member currently receives or may seek Public Housing or Housing Choice Voucher assistance from the Housing Authority.

☐ I am or have interest in becoming an owner/landlord in the Housing Authority's Housing Choice Voucher program.

☐ An immediate family member is or has interest in becoming an owner/landlord in the Housing Authority's Housing Choice Voucher program.

☐ None of the above ☐ Unsure / would like to discuss a possible conflict

If any box above is checked (other than "None"), please explain:

_____

_____

_____

_____

_____

For this disclosure, "immediate family" is defined by: father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother or half-sister, grandparents, grandchildren including step/half grandparents and step/half grandchildren

QUALIFICATIONS AND INTEREST

4. What experience, education, skills, or community involvement would you bring to the Board?

_____

_____

_____

_____

_____

5. Why do you want to serve on the Housing Authority Board and support its mission of providing affordable housing, rental assistance, and home ownership opportunities to income qualified families, seniors, and those with disabilities?

_____

_____

_____

_____

_____

COMMITMENT

6. Can you attend monthly Board meetings (generally one hour sometimes longer) and occasional special meetings?

☐ Yes ☐ No

7. Will you complete required initial and ongoing Commissioner training provided by the Housing Authority?

☐ Yes ☐ No

APPLICANT CERTIFICATION

I certify that the information provided is true and complete to the best of my knowledge. I understand that appointment is subject to applicable eligibility requirements and agree to promptly disclose changes affecting eligibility or potential conflicts.

Signature: _____ Date: _____

SUBMISSION AND APPOINTMENT PROCESS

The Housing Authority Board may review applications and make nonbinding recommendations to the County Commissioners. The Scotts Bluff County Commissioners retain statutory appointment authority.

Return to: Housing Partners of Western Nebraska | 89A Woodley Park Road, Gering, NE 69341

Email: marissa@scottsbluffhousing.com | Questions: 308-633-0488

You may attach a resume or additional information.