

Board Member Requirements

(Please make additional copies as needed to include all Board Members)

Board Member Information									
Name:				Elected or appointed Public Official? <input type="checkbox"/> Yes <input type="checkbox"/> No	Public Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Low-income resident of the community? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Resident of a low-income neighborhood in service area? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Elected rep of low-income neighborhood organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	*NOTE/REMINDER: Complete and provide as an attachment the Certification of Low-Income Representation form (WVHDF Form CHDO-101). <input type="checkbox"/> Included <input type="checkbox"/> NA
Home Address:									
City/State/Zip:									
County:		Phone:							
Place of Employment:									
Board Position:				Additional Comments:					
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