

IS THERE A PARTICULAR SEGMENT OF THE POPULATION IN THE REGION THAT YOU BELIEVE YOU REPRESENT (SUCH AS HISPANIC, NATIVE AMERICAN, AN UNDER-SERVED GEOGRAPHICAL AREA OR SOCIO-ECONOMIC GROUP)?

CERTIFICATE OF APPLICANT (Read Carefully Before Signing)

I hereby certify that all statements made in this application are true, and I agree and understand that any misstatement of material facts herein will cause forfeiture on my part of any service with Mammoth Lakes Housing, Inc. I further give permission to thoroughly investigate my references, work record, education and other matters related to my suitability for a volunteer position. In addition, I hereby release Mammoth Lakes Housing, Inc., my former employers, and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such disclosure.

Signature _____

EMPLOYMENT RECORD (Beginning with your present or most recent, show a complete record of your last three employers)

#1	FROM (Mo - Yr)	TO (Mo - Yr)	JOB TITLE OR OCCUPATION
EMPLOYER'S NAME AND ADDRESS			
DESCRIPTION OF DUTIES:			
YOUR SUPERVISOR'S NAME:			
CONTACT PHONE NUMBER:			

#2	FROM (Mo - Yr)	TO (Mo - Yr)	JOB TITLE OR OCCUPATION
EMPLOYER'S NAME AND ADDRESS			
DESCRIPTION OF DUTIES:			
YOUR SUPERVISOR'S NAME			
CONTACT PHONE NUMBER:			

#3	FROM (Mo - Yr)	TO (Mo - Yr)	JOB TITLE OR OCCUPATION
EMPLOYER'S NAME AND ADDRESS			
DESCRIPTION OF DUTIES:			
YOUR SUPERVISOR'S NAME :			
CONTACT PHONE NUMBER:			

FAMILY HOUSEHOLD INCOME

Mammoth Lakes Housing is a Community Housing Development Organization (CHDO) and must meet the requirements of, and otherwise qualify for, or be eligible as a CHDO as defined in 24 CFR 92.2. The qualifications of the directors requires at least one third (1/3) of the total number of sitting directors shall live in low-income neighborhoods, be low-income residents, or elected representatives of an organization serving low-income residents.

If you are applying for the MLH Board of Directors and your family household income falls below the Income Limits for your household size, please complete the information below.

NUMBER OF PERSONS IN FAMILY HOUSEHOLD	INCOME LIMIT
1	\$44,750
2	\$51,150
3	\$57,550
4	\$63,900
5	\$69,050
6	\$74,150
7	\$79,250
8	\$84,350

1. Number of persons in family household_____.

2. I certify (or declare) under penalty of perjury under the laws of the State of California that the family household income for the prior calendar year did not exceed \$_____. (*Enter the amount of the income limit shown for the number of person in family household.*)

SIGNATURE	DATE