

# HAPGC RESIDENT ADVISORY BOARD APPLICATION OF INTEREST

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Family Size: \_\_\_\_\_

1. Are you currently receiving Housing Choice Voucher Assistance (Section 8 Rental)?  
 Yes  No
2. How long have you been a Housing Choice Voucher Participant? \_\_\_\_\_ Years.
3. Is transportation a problem for you?  Yes  No
4. Are there barriers which might inhibit your ability to participate on the RAB?  Yes  
 No If so, please specify: (i.e. language, transportation, etc.) \_\_\_\_\_

\_\_\_\_\_

5. What community activities are you currently involved?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please explain why you are interested in becoming a Resident Advisory Board Member?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please mail or drop off your completed application at:**

**9200 Basil Court  
Suite 500  
Largo Maryland 20774**

**By COB February 28, 2017**

