

NOMINATION FOR AFFORDABLE HOUSING ADVISORY COUNCIL



Nominee

First Name _____ M.I. _____ Last Name _____

Home Address: _____

City _____ State _____ ZIP _____

Preferred Telephone Number (w/ Area Code): _____ Preferred Mailing Address: _____ Choose an item.

Email Address (Required): _____

Current Employer: _____

Employer Address: _____

City _____ State _____ ZIP _____

Nominee's Most Recent Prior Service (Identify the nominee's experience in organizations related to housing or economic development -- list most recent first. Attach an additional sheet if necessary.)

Organization Name	City, State	Position	From	To

Nominee's Experience (Please check all of the boxes that apply to the nominee's experience and indicate the number of years' experience in each):

- | | |
|---|---|
| <input type="checkbox"/> Local Government _____ yrs | <input type="checkbox"/> State Government _____ yrs |
| <input type="checkbox"/> Federal Government _____ yrs | <input type="checkbox"/> Other Government _____ yrs |
| <input type="checkbox"/> Non-profit Agency _____ yrs | <input type="checkbox"/> For-profit Agency _____ yrs |
| <input type="checkbox"/> Rental Housing _____ yrs | <input type="checkbox"/> Ownership Housing _____ yrs |
| <input type="checkbox"/> Rental Rehabilitation _____ yrs | <input type="checkbox"/> Owner-occupied Rehabilitation _____ yrs |
| <input type="checkbox"/> Rural Housing _____ yrs | <input type="checkbox"/> Urban Housing _____ yrs |
| <input type="checkbox"/> Rural Economic Development _____ yrs | <input type="checkbox"/> Urban Economic Development _____ yrs |
| <input type="checkbox"/> Manufactured Housing _____ yrs | <input type="checkbox"/> Other Community/Economic Development _____ yrs |
| <input type="checkbox"/> Research and Policy _____ yrs | <input type="checkbox"/> Capital Markets _____ yrs |
| <input type="checkbox"/> Supportive Services _____ yrs | <input type="checkbox"/> Elderly Clients _____ yrs |
| <input type="checkbox"/> Special Needs Clients (physically, mentally, or developmentally disabled; Persons with AIDS, chemically dependent, physically or emotionally abused) _____ yrs | |



Funding Experience (Please check all of the boxes that apply to the nominee’s experience)

- | | |
|---|---|
| <input type="checkbox"/> Low Income Housing Tax Credits | <input type="checkbox"/> HUD (202/811, 221(d)3, 221(d)4, etc.) |
| <input type="checkbox"/> Historic Tax Credits | <input type="checkbox"/> Project-Based Subsidies (SHP, Section 8, HAP, ACC, etc.) |
| <input type="checkbox"/> New Markets Tax Credits | <input type="checkbox"/> HOME/CDBG <input type="checkbox"/> Bond Financing |

Demographic Information (The FHLB supports diversity and inclusion on the Advisory Council. This information is not required, but it is encouraged. Please check all of the boxes that apply to the nominee):

Ethnicity: Hispanic or Latino Not Hispanic or Latino

I do not wish to furnish this information

Race: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White
 Other I do not wish to furnish this information

Sex: Female Male
 Non Binary Other
 I do not wish to furnish this information