

## Board Member Information:

To be completed by all board members of agency applying for THDA program funds [If applying for Low Income Housing Tax Credit Program, use Attachments 16 and 17 as provided in PIMS]

Name of Agency: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Board Officer? Yes \_\_\_ No \_\_\_

If yes, list position: \_\_\_\_\_

Primary Expertise/Contribution to the Board: \_\_\_\_\_

Length of Board Service: \_\_\_\_\_

Date of Board Term Expiration: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

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

-----For Organizations Seeking CHDO Designation Only-----

Low-Income Rep to the Board? \_\_\_ Yes \_\_\_ No

*If Yes:*

Resident of low-income neighborhood: \_\_\_ Yes \_\_\_ No

Elected representative of low-income neighborhood organization: \_\_\_ Yes \_\_\_ No

Low-income resident with annual household income below 80% of Area Median Income:

\_\_\_ Yes \_\_\_ No