

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