

SASKATCHEWAN HOUSING CORPORATION

Housing Authority Nomination Form

The **Nominating Committee** for the _____ **Housing Authority Board** recommends for appointment to the Board of Directors:

FULL NAME: (please print)						
Mr.	Mrs.	Ms.	Miss	Rev.	Senior	Non-Senior
P.O. Box:		Community:			Postal Code:	
Street Address:						
Telephone Number: Residence:			Business:		Cellular:	
Occupation or Profession:						
New Appointment:				Subsequent Appointment: YES		
For Regional and Partner Housing Authorities						
I agree to represent the community of: _____						

Community Activities, Skills, Experience, other qualifications relating to participation in Social Housing Programs:

PAST: _____

PRESENT: _____

Municipal Representative

Federal Representative

Provincial Representative

Date Signed

The information on this form will be used in a legal document. Please ensure correct spelling of names and accuracy of all details.

Refer to eligibility requirements and the process for nominations to ensure your candidates qualify. Refer to pages 10-11 and page 16 of the Nominating Committee.

Turn to Reverse Side of Form.

DECLARATION BY NOMINEE:

1. Are you a tenant in a housing authority managed rental unit? YES: _____ NO: _____
Present Tenant: _____ Previous Tenant: _____
3. Are you immediately related to a board member, housing authority manager, or housing authority employee? YES: _____ NO: _____
4. Are you an elected public official? YES: _____ NO: _____
5. Are you employed by the Partnership*? YES: _____ NO: _____
6. Are you a member of the Nominating Committee? YES: _____ NO: _____
➤ If you answered “YES”, complete question 7.

If you answered “YES” to any of the above questions, you are not eligible for nomination. If your situation changes, you may submit another nomination form. Thank you for your interest.

7. Are you in arrears or default of payment for a government subsidized housing unit? YES: _____ NO: _____
8. Has an agreement for repayment been established? YES: _____ NO: _____
Is payment up to date? YES: _____ NO: _____
➤ If you answered “YES” to question 7, you are not eligible for nomination.

NOMINEE POSITION: I agree to submit my name to serve as a volunteer on the Housing Authority Board of Directors, and confirm the information given on this nomination form is true and accurate.

Signature of Nominee

Date

BOARD CHAIRPERSON POSITION: I agree to submit my name to serve as a volunteer on the Housing Authority Board of Directors, and confirm the information given on this nomination form is true and accurate. I understand the obligations and agree to serve on the Board of Directors as Chairperson.

Signature of Nominee

Date

- Initial appointments are for three years;
- Subsequent appointments are for two years;
- Each Board must endeavour to have a senior member (age 60+);
- Regional housing authorities must have representation from each participating community;

* Partnership: CMHC; SHC; Local Municipal Government