



BOARD/COMMISSION APPLICATION FORM

Name:		
Address:		
City:	State:	Zip Code:
Phone:		
Occupation:		
City Resident: Yes No		
Name of Board/Commission:		
Deadline for returning to City Hall:		
Please state reason you are interested in serving on this Board/Commission:		
Additional Information:		
<p>NOTICE: Housing Authority Commissioners may not personally benefit from the rental of housing under Section 8 of the US Housing and Community Development Act and/or from contract work for the Conway Housing Authority, either for themselves, those with whom they have business, or immediate family ties during their tenure and for one year thereafter. By signing below, you certify that you are or will be eligible for this office and will abide by Conway Housing Authority regulations pertaining to “conflict of interest” (attached).</p>		

Signature

Date