



San Francisco Department of  
Homelessness and Supportive  
Housing



**Committee Application**

Name of Committee: \_\_\_\_\_ Seat # (Required): \_\_\_\_\_

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

Home Address (Optional): \_\_\_\_\_

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

Employment or Involvement with HSH (If applicable): \_\_\_\_\_

Have you attended any meetings of the body to which you are applying?: Yes  No

**Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Homelessness Oversight Commission may waive the residency requirement.**

**18 Years of Age or Older: Yes  No**

**Resident of San Francisco: Yes  No  If no, place of residence: \_\_\_\_\_**

**Please state your qualifications regarding the committee of interest:**



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Please list and describe the civic activities you are currently or have previously participated in:

An appearance before the Homelessness Oversight Commission (HOC) or the HOC's Appointment Subcommittee may be required prior to considering for the recommended appointment. Applications should be received five (5) days prior to the scheduled public hearing.

Applicant Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Manually sign or type your complete name. (Note: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once complete, this form, including all attachments, becomes public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Vacated: \_\_\_\_\_