

CLAIM YOUR SEAT AT THE TABLE

APPLY FOR THE HCV PARTICIPANT ADVISORY COUNCIL

Are you a HCV Participant in good standing? Have you been on the Program for at least 12 months?
Are you familiar with HCV Program policies? Interested in advising CHA in developing future plans?

Apply to become a HCV Participant Advisory Council member today!

THECHA.ORG/HCV COUNCIL APP

Paper applications are available at each HCV Regional Office lobby during business hours

LEARN MORE: WEBINAR INFORMATION SESSIONS

THURSDAY, OCTOBER 1 | 5 - 6 PM
CLICK TO REGISTER

THURSDAY, OCTOBER 15 | 10 - 11 AM
CLICK TO REGISTER

THURSDAY, OCTOBER 29 | 2 - 3 PM
CLICK TO REGISTER

INFORMATION ALSO AVAILABLE
AT HCV PARTICIPANT WEBINARS

Submit questions and completed applications to HCV@thecha.org
or deliver to a HCV Regional Office no contact drop box during business hours.

APPLICATIONS DUE BY FRIDAY, NOVEMBER 6

Selected applicants will be contacted to schedule an interview with the search committee.



Este documento se puede traducir.
Para adquirir la versión traducida, por favor comuníquese al 312-935-2600.

HCV PARTICIPANT ADVISORY COUNCIL MEMBER APPLICATION

If you need this document in a different language or **LARGER FONT** or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

Dear HCV Participant,

Thank you for your interest in becoming a member of the HCV Participant Advisory Council. The sole charge of the HCV Participant Advisory Council is to review and provide feedback to CHA regarding changes to the HCV Administrative Plan and CHA Annual Plan.

In order to be selected for the HCV Participant Advisory Council, applicants must:

- Be 18 years old or over.
- Not currently serve on any other CHA board, council or advisory committee.
- Be in good standing with CHA (no outstanding Intent to Terminate, PAC Warning, etc.).
- Be a participant in the HCV, PBV, PBV VASH, RAD2 or Mod Rehab Program for at least 12 months.
- Be committed to affordable housing and other issues affecting low-income individuals and families.
- Be familiar with Housing Choice Voucher, Project Based Voucher, Rental Assistance Demonstration and/or Moderate Rehabilitation Program regulations and policies.
- Be an excellent communicator.

Please complete the attached application and answer each question as completely and clearly as possible.

The deadline for applications is **Friday, November 6, 2020**. Applications received after this date will be denied.

Completed applications can be submitted via email to hcv@thecha.org or dropped off during normal business hours (Monday – Friday, 8:00 a.m. to 5:00 p.m.) at a no contact drop box at the HCV Regional Offices:

Central Office

60 E. Van Buren Street
Chicago, IL 60605

South Office (until 10/30)

10 W. 35th Street
Chicago, IL 60609

West Office

1852 S. Albany Avenue
Chicago, IL 60623

If your application is selected, you will be contacted by a member of our staff to schedule an interview with the candidate selection committee.

If you are selected for the Council, you will receive a welcome email and mailed letter from our staff. In addition, the names and photos of the selected members will be featured in the HCV participant newsletter, *Going Places*.

Note: Council members will be appointed for 2-3 year terms at the discretion of CHA.

If your application has not been selected, you will be notified after the interview process has been completed and selections have been made.

Sincerely,

CHA HCV Program Staff



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APPLICANT INFORMATION:

Application Date: _____ Voucher #: _____

Voucher Program: HCV PBV PBV VASH RAD2 Mod Rehab

First Name: _____ Last Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

How long have you been a participant in the HCV Program? _____

Are you a participant in good standing with the HCV Program? YES NO

Check the CHA services you have utilized while a participant: Mobility Counseling Program FamilyWorks

Family Self Sufficiency (FSS) Choose to Own (CTO) Homeownership Program Job/Workforce Training

Partners in Education (City Colleges) Summer Youth Employment Program (SYEP) CHA Scholarships

Other _____

WORK EXPERIENCE:

If you work/have worked outside your home, please describe your most recent work experience below.

Name and Address of Employer	Brief Description of Your Primary Duties	Dates of Employment



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COMMUNITY INVOLVEMENT:

Please describe your current and past community involvement below.

Name of Group or Organization	Role	Dates of Involvement
	___ Officer ___ Committee Chair ___ Member ___ Other (briefly describe your role)	
	___ Officer ___ Committee Chair ___ Member ___ Other (briefly describe your role)	
	___ Officer ___ Committee Chair ___ Member ___ Other (briefly describe your role)	

If you have volunteered outside of an organization, describe your work and list the dates of involvement below.

OPEN RESPONSE:

Please answer the questions below.

What specific knowledge, skills or talents would you bring to the HCV Participant Advisory Council?

What do you think are characteristics of a good advisory council member?



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What do you hope to gain from serving on the HCV Participant Advisory Council?

Why should CHA select you to serve on the HCV Participant Advisory Council?

REFERENCES:
 Please provide the names, phone numbers, and/or email addresses of two references with whom you have worked or volunteered in some capacity. It is particularly helpful if one of the references is someone who is familiar with your community involvement.

Name of Reference	Phone Number	Email Address

CERTIFICATION:
 By signing below, the applicant acknowledges that all information submitted to the CHA as part of this application are true and complete to the best of my knowledge and belief. The applicant also acknowledges and understands if selected to be a member of the HCV Participant Advisory Council, that they will be acting in an advisory capacity to review the HCV Administrative Plan only.

Applicant Signature _____
Date