City of Miami – Department of Housing & Community Development

Housing & Commercial Loan Committee (HCLC)/ Affordable Housing Advisory Committee (AHAC)



	First name* Last name*			 All HCLC/AHAC members shall be of 18 years of 			
o.	Home address* Apt. no.			age or older;		youro or	
Applicant Info.	City, state, and Zip Code*				 A copy of the applicant's Resume MUST be submitted with this application. 		
Applic	Home phone* Alternative phone						
\	E-mail address				HCLC/AHAC members shall serve four-year		
	* required fields				terms	S.	
_	Current employer Current Position/Title						
Professional Data	Trade/industry affiliations List all memberships/ board memberships affiliated wi				ith		
	The following is a list of the specific qua XI, Div. 19 and Ch.2, Art. XI, Div. 8 of th and indicate whether these are in conne	e City of Miami Code. Please ction with affordable housing	e check the correct be . If the box is shaded	ox below for all th	he member seats	for which	you qualify
Qı	given to those applicants who are directly engaged in affordable housing. Qualification Requirements					heck all that In Connection with Affordable	
Actively engaged as a for-profit housing						_ Housing?	
A person who works in the following trad The shaded positions are presently filled. The shaded positions are presently filled.							
•	law enforcement, fire safety /emergency, and criminal justice system. Actively engaged in the residential home building industry.						
•	Actively engaged in the banking or mortgage banking industry.						
•	Actively engaged as a not-for-profit housing provider.						
•	Actively engaged as a real estate professional.						
	Actively engaged as an advocate for low-income persons. A representative of those areas of labor actively engaged in home building.						
•	A resident of the City of Miami.						
•	A person who represents employers within the City of Miami.						
Σ	Conflict of Interest - A person is not e of any entity that receives or intends to r	eceive funding from the City	of Miami.			d by, or is	an officer
•	Are you or will you become employed by, or have a financial interest in, an entity that receives or applies for from the City of Miami?					□ Yes	□No
•	Are you or will you become an officer o	f any entity that receives, or a	applies for, funding fro	om the City of Mia	ami?	☐ Yes	□ No
\sum	By signing and submitting this application misrepresentation may result in my dism		ccepted as a member	of the HCLC/AH.	AC any false state	ement or	
Your signature Date If you have any questions application, please contact of 305-416-1999.							
WW	ww.miamigov.com/HCLC-AHAC. This com	ipleted HCLC/AHAC form cal	n be mailed. along wi		this application is resume to: City of		

www.miamigov.com/HCLC-AHAC. This completed HCLC/AHAC form can be mailed, along with the applicant's resume to: City of Miami Dept. of Housing & Community Development, ATTN: HCLC/AHAC application, 14 NE 1 Ave., 2nd Floor, Miami, FL 33132. The submission can also be faxed to 305-416-2090 or e-mailed to aduran@miamigov.com.

Update: 10/2021.