

# 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: Preferred: _____			Other: _____		Email: _____	
Occupation or Profession: _____						
New Appointment: <input type="checkbox"/>		Re-Appointment: <input type="checkbox"/>		This person is replacing: _____		
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 (if applicable)

\_\_\_\_\_  
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