

APPLICATION FOR ESTES PARK HOUSING AUTHORITY BOARD OF COMMISSIONERS

Name:	Home Phone:
Street Address:	Work Phone:
Mailing Address:	Cell Phone:
E-mail Address:	Preferred Contact Method:
Occupational Background:	
Educational Background	
How long have you been an Estes Park resident?	
Why do you desire to become a member of the EPHA Board?	
What special skills or background would you bring to the EPHA E	
Are you involved in any activities that might create a conflict of i	nterest?YesNo
7 / P	
Will you be able to serve the complete term of five (5) years if se	elected?YesNo
If no, please explain:	

Name	relatives) who can speak to Address	your qualifications to serve: s	Phone
1)			
2)			
Employment History (pre Employer	vious five years – please at Phone	tach additional pages if necessary): Dates of Employment	Position
1)			
3)			
EPHA staff will verify info		ousing Authority Board. I understand thend may make other inquiries which it consuct such inquires.	
Signature		Date	
		scriminate on the basis of race, color, religion, sex, n mployment in, its programs or activities.	ational origin, age, or
	Due date of applica	tion: February 9th, 2024	
Submit application to:	Scott Moulton, Executing Housing Authority 363 E Elkhorn Ave #101		

Submit via email to:

Park, CO 80517 970.591.2535

epha@estes.org