



## Maricopa County Community Services Commission Application

Date: \_\_\_\_\_

Name of Nominee: \_\_\_\_\_

Employer/ Occupation: \_\_\_\_\_

Business address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer/ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred mailing address:  Work  Home

Phone: Business \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### Commission Member Sector Representatives

Please indicate which one of the following three (3) Commission Membership Sectors are you eligible to fill. The Maricopa County Community Services Commission composition is proportioned in the following 3 categories:

**Low-Income Sector** : Not less than 1/3 of the members of the Commission are democratically elected representatives of low-income individuals and families. I am qualified under this category because:

**Public Sector**: 1/3 of the members of the Commission are elected or appointed public officials that are currently holding office, or their representative. (Please include a copy of your resume)

\_\_\_\_\_ I represent low-income individuals & families.  
 \_\_\_\_\_ I am a current, elected or appointed public official \_\_\_\_\_  
 (Name of office & term of office)

\_\_\_\_\_ I am considered low-income. My household annual income does not exceed the current \_\_\_\_\_ poverty guidelines, indicated below, for my family size.

\_\_\_\_\_ I am a representative of \_\_\_\_\_  
 (Name of official, office & term of office)

Household Size											
Percent of Poverty	1	2	3	4	5	6	7	8	9	10	Fo ad mem
150% Annual	\$17,655	\$23,895	\$30,135	\$36,375	\$42,615	\$48,855	\$55,095	\$61,335	\$67,575	\$73,815	

**Private Sector:** The remainder of the members of the Commission who are members of public agencies, business, industry, labor, religious, law enforcement, education, or other major groups and interests in the community served. (Please include a copy of your resume)

\_\_\_\_\_ I am qualified under this category.

Name of agency/group/organization: \_\_\_\_\_

Please tell us about yourself and why you want to serve on the Maricopa County Community Services Commission:

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**I HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please send this form to:**

Maricopa County Human Services Department  
Community Services Division

Attn: Edward Limon

234 N. Central Ave., Phoenix, AZ 85004

**By fax to:** (602) 506-4749

**Or Email to:** [LimonE@mail.maricopa.gov](mailto:LimonE@mail.maricopa.gov)

Thank you for your interest in serving on the Maricopa County Community Services Commission.