

**ATTACHMENT B - Board Member Requirements**  
 (Please make additional copies as needed to include *all* Board Members)

**BOARD MEMBER INFORMATION: PLEASE CHECK THE APPROPRIATE BOX BELOW:**

|                      |  |        |  |
|----------------------|--|--------|--|
| Name:                |  |        |  |
| Address:             |  |        |  |
| City                 |  |        |  |
| State                |  |        |  |
| Zip                  |  | Phone: |  |
| Place of Employment: |  |        |  |
| Position:            |  |        |  |

|                                       |                              |   |  |  |
|---------------------------------------|------------------------------|---|--|--|
| Elected or appointed Public Official? | Public Employee?             | * Low-income resident of the community? | Resident of a low income neighborhood in service area? | Elected rep of low-income neighborhood organization? |
| <input type="checkbox"/> YES          | <input type="checkbox"/> YES | <input type="checkbox"/> YES            | <input type="checkbox"/> YES                           | <input type="checkbox"/> YES                         |
| <input type="checkbox"/> NO           | <input type="checkbox"/> NO  | <input type="checkbox"/> NO             | <input type="checkbox"/> NO                            | <input type="checkbox"/> NO                          |

**\* NOTE:** If a low-income resident, provide a signed statement from the individual confirming that their income is below 80% MFI for their family size.

Additional Comment: \_\_\_\_\_  
 \_\_\_\_\_

INCLUDED  
 N/A

|                      |  |        |  |
|----------------------|--|--------|--|
| Name:                |  |        |  |
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| Position:            |  |        |  |

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|---------------------------------------|------------------------------|---|--|--|
| Elected or appointed Public Official? | Public Employee?             | * Low-income resident of the community? | Resident of a low income neighborhood in service area? | Elected rep of low-income neighborhood organization? |
| <input type="checkbox"/> YES          | <input type="checkbox"/> YES | <input type="checkbox"/> YES            | <input type="checkbox"/> YES                           | <input type="checkbox"/> YES                         |
| <input type="checkbox"/> NO           | <input type="checkbox"/> NO  | <input type="checkbox"/> NO             | <input type="checkbox"/> NO                            | <input type="checkbox"/> NO                          |

**\* NOTE:** If a low-income resident, provide a signed statement from the individual confirming that their income is below 80% MFI for their family size.

Additional Comment: \_\_\_\_\_  
 \_\_\_\_\_

INCLUDED  
 N/A

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| Place of Employment: |  |        |  |
| Position:            |  |        |  |

|                                       |                              |   |  |  |
|---------------------------------------|------------------------------|---|--|--|
| Elected or appointed Public Official? | Public Employee?             | * Low-income resident of the community? | Resident of a low income neighborhood in service area? | Elected rep of low-income neighborhood organization? |
| <input type="checkbox"/> YES          | <input type="checkbox"/> YES | <input type="checkbox"/> YES            | <input type="checkbox"/> YES                           | <input type="checkbox"/> YES                         |
| <input type="checkbox"/> NO           | <input type="checkbox"/> NO  | <input type="checkbox"/> NO             | <input type="checkbox"/> NO                            | <input type="checkbox"/> NO                          |

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Additional Comment: \_\_\_\_\_  
 \_\_\_\_\_

INCLUDED  
 N/A

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| Zip      |  | Phone: |  |

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| <input type="checkbox"/> YES          | <input type="checkbox"/> YES | <input type="checkbox"/> YES            | <input type="checkbox"/> YES                           | <input type="checkbox"/> YES                         |
| <input type="checkbox"/> NO           | <input type="checkbox"/> NO  | <input type="checkbox"/> NO             | <input type="checkbox"/> NO                            | <input type="checkbox"/> NO                          |

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Additional

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|----------------------|--|
| Place of Employment: |  |
| Position:            |  |

Additional  
Comment: \_\_\_\_\_  
\_\_\_\_\_

- INCLUDED
- N/A