



Health, Housing and Community
Services Department
Human Welfare and Community
Action Commission

Human Welfare Community Action Commission
November 16, 2016
Election
For
REPRESENTATIVES OF THE POOR*
NOMINATION FORM

I agree to nominate _____, who lives at _____
(name of candidate) (address)

in District _____, to be a Representative of the Poor to the Human Welfare and Community Action Commission. I live in District _____ and am eligible to vote in this election.

	NAME	ADDRESS	SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Candidates must collect at least 10 signatures to be nominated to run in the election. Please submit form to the commission secretary by 11/16/16 via email, fax or hand delivery.

* Representatives of the poor need to live in the district they wish to represent (see map) but do not have to be low-income to be elected to the HWCAC.

Contact Information for Candidate:

Name: _____

Address: _____

Phone Number: _____

