2021 DCHA RESIDENT COUNCIL ELECTIONS
CANDIDATE APPLICATION CHECKLIST

Candidate Name: ______________________

Complete each of the following tasks in order and check each box when done.

1. Have your property manager verify your eligibility......................... [ ]
2. Provide your contact information............................................... [ ]
3. Select the position you are running for.................................... [ ]
4. Initial the disclosure statements............................................... [ ]
5. Read the campaign rules & regulations................................. [ ]
6. Sign the applicant agreement............................................. [ ]

Resident Council officer duties and responsibilities vary depending on the bylaws of the property, so it is recommended that you review your bylaws for more information. Service on the Resident Council is voluntary and unpaid.

All completed application packets MUST BE RECEIVED no later than 5:00 PM on Friday, August 6, 2021. If you are mailing your application packet, it must ARRIVE at RPS’s post office box by 5:00 pm on Friday, August 6. Completed application packets may be submitted in three ways:

Mail to: Resident Participation Services, PLLC
        PO Box 10505
        Washington DC 20020

Fax to: 301-637-3635

Email to: Info@ResidentParticipation.com
1. PROPERTY MANAGER ELIGIBILITY VERIFICATION

THIS PAGE MUST BE COMPLETED BY PROPERTY MANAGER, NOT THE RESIDENT SEEKING TO BE A CANDIDATE.

Your property manager must verify that you are eligible to run for Resident Council office. You cannot run for office unless your property manager verifies your eligibility on this application.

Applicant Full Name: ____________________________

Date Application Received by Manager: _______  Time Received _______

Name of property where resident resides: ______________________________________

Is the applicant listed above a resident on your property?    YES___    NO___

Is the applicant in compliance with all terms and conditions of the lease?    YES___    NO___

If the applicant is not in compliance with the terms and conditions of their lease, briefly explain why:

___Rent  ___Recertification  ___Housekeeping  ___Legal
___Other

__________________________  __________________
Manager’s Name (print)  Signature:

Date: ____________________________
2. CANDIDATE APPLICATION

(PLEASE PRINT YOUR ANSWERS)

A. CONTACT INFORMATION

● Applicant’s Full Name: ___________________________________
● Property where you live: ___________________________________
● Street Address: ___________________________________________
● Apt #: _______ Zip code: __________
● Name of Leaseholder (Head Of Household): _______________________
● Lease #: ___________________________________________
● Phone #: ___________ Cell: ___________ Work: ___________
● Best times to reach you: _______AM _______PM
● E-Mail Address: ___________________________________________
● How did you hear about this Resident Commissioner Election?
  ___Housing Manager ___DCHA website ___Resident Council
  ___Another Resident ___Flyer ___DCHA Staff ___Other

B. NOMINATION STATEMENT

I am nominating myself for an elected position on the Resident Council where I live. I am seeking the position of (check only one):
President ___ Vice President ___ Secretary ___ Treasurer ___ Sergeant at Arms ___

C. CANDIDATE DISCLOSURES

Please place your initials on each line below, if the statement is true.

I certify and affirm the following:

___I am a public housing resident in the District of Columbia.
___I am directly assisted by the District of Columbia Housing Authority.
___I am named on the lease.
___I am eighteen (18) years of age or older.
___I am a resident in full compliance with the lease.
___I am up to date on my rent payments.
___I am not behind in any past due taxes, special assessments or other charges owed to the District of Columbia.
___I do not have any financial interest in any business entity that is directly or indirectly involved with the District of Columbia Housing Authority.
___I do not hold a position on any other D.C. government board or commission, other than an Advisory Neighborhood Commissioner.
I have no family member who has any financial interest in any business entity that is directly or indirectly involved in any transaction with the District of Columbia Housing Authority.

I have no family member who has any financial interest in any contract to which the District of Columbia Housing Authority is a party.

I have no family member who is employed by or been offered employment by a person or business entity which is a party or prospective party with the District of Columbia Housing Authority.

D. CAMPAIGN RULES

- Mandatory candidate training will be Tuesday, August 10 at 6 pm at Sibley Plaza.
- Candidates should not begin campaigning until after attending the RPS training. • Candidates who engage in negative campaigning (verbally or in writing) risk being disqualified from running.
- Candidates who destroy or deface another candidate’s campaign material (tearing down fliers, etc.) may be disqualified from running.
- Intimidation or harassment of other candidates or voters is prohibited.
- All candidates must follow all election-day rules and procedures.
- All campaign information distributed by candidates (i.e., flyers, brochures, biographies) must comply with the election campaign rules. These rules will be provided at the candidate training.
- Any complaint regarding the violation of any election rules must be submitted to RPS in writing with supporting evidence or documentation.

E. APPLICANT AGREEMENT AND SIGNATURE

By signing below, I agree to attend the Candidate Training, follow campaign rules and affirm that the facts set forth in this application are true and complete. I understand that any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate disqualification. I also affirm that I have read, understand and will abide by the rules of this election. I am aware that any non-compliance or violation of these rules may result in my disqualification.

Applicant Name (printed):

Applicant Signature:  ___________________________ Date: ___________________________