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| King County Renters’ CommissionApplication Form |

***PLEASE NOTE: Information provided on this form will be a public record subject to free and open examination by any person under the Washington State Public Records Act (RCW 42.56.250). However, while we will disclose the applicant’s name, the applicant’s address, phone number and email address will be redacted.***

Thank you for your interest in serving on the King County Renters’ Commission (KCRC). Individuals interested in serving on the Commission will be required to also complete a King County Ethics Program Financial Disclosure Form within two weeks of being nominated to serve on the Commission. The KCRC will be made up of 7 renters from unincorporated King County, reflecting the diversity of ethnicities, professional backgrounds, socioeconomic status, and geographic areas that make up the fabric of our communities.

## Board or Commission

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| **King County Renters’ Commission** |

## Applicant’s Name

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| --- |
|  |

## Physical Home Address and Contact Information

|  |  |
| --- | --- |
| Mailing Address |  |
| City, State, Zip Code |  |
| Phone |  |
| Email Address |  |

## Are you a resident of King County?

Yes  No

## King County Council District *(Please type an “X” in the box to the right of your district*)

1  2  3 4 5 6 7 8 9 Don’t Know

## Do you live in unincorporated King County? *(you must live in unincorporated King County to apply)*

Yes  No  Don’t Know

## Are you a renter? (*if you own a manufactured home and rent the land on which the home sits, please check “yes”)*

Yes  No

## Are you a landlord, property manager, resident manager, or engaged in related work in rental housing?

Yes  No

## List your past and current work and/or volunteer experience *(You may submit this answer as a separate document)*:

## Why do you want to serve on the KCRC? *(You may submit the answer as a separate document. Do not exceed 500 words)*

## What experiences as a renter would you bring to the KCRC? *(You may submit this answer as separate document. Do not exceed 500 words.)*

## PERSONAL INFORMATION (OPTIONAL) *(Please type or write an “X” in the boxes that apply to you)*

King County is committed to equity and social justice and outreach to all county residents. To reach this goal, we strive for our boards and commissions to reflect the communities we serve. Providing information in the section below is voluntary but will assist in achieving this goal.

**Race/Ethnicity**

|  |  |
| --- | --- |
| Race/Ethnicity: |  |
| Gender: |  |
| Sexual Orientation: |  |

**Do you have a disability as defined by the** [**Americans with Disabilities Act**](https://www.ada.gov/ada_intro.htm#:~:text=To%20be%20protected%20by%20the,as%20having%20such%20an%20impairment.)**?**

Yes  No

**Age**24 years old or younger  25-33 years old  34-54 years old  55+ years old

## Signature:

|  |  |
| --- | --- |
| Name |  |
| Date |  |

**QUESTIONS:** Please contact **Xochitl (pronounced So-chi) Maykovich** with any questions or requests for accommodations at [xochitl.maykovich@kingcounty.gov](mailto:hannelore.makhani@kingcounty.gov) or 206-263-9875.

## Please return completed form by email to [xochitl.maykovich@kingcounty.gov](mailto:xochitl.maykovich@kingcounty.gov) or by mail to:

Xochitl Maykovich   
Renters Commission Program Manager   
King County Department of Community and Human Services  
401 Fifth Avenue, Suite 500  
Seattle, WA 98104