



**Beaufort Housing Authority
Participant Application for Board of Commissioners**

Applicant Information:

First Name: _____ Last Name: _____

Home Address: _____

City _____ State _____ Zip _____

Day Phone Number: _____

Email Address: _____

If you do not reside in the County of Beaufort, do you:

Own property in the County?

Have a current business license?

Rent property in the County?

Business Address _____

Business Hours _____

Statement of qualifications and interest _____

Please attach Basic Resume Information

Applicant Signature

Date