CLINI VALLEY ADEA NEICHDODI	IOOD COUNCIL	CANDIDAT	T FILING FORM		
[2018-U1] SUN VALLEY AREA NEIGHBORH					
THIS FORM MUST BE RECEIVED BY US BY THE LAST TUESDAY (CONSIDER THE APPLICATION. TO BE VALID, YOUR APPLICATION					
TO ESTABLISH IDENTITY AND STAKEHOLDER STATUS FOR THE P		-			
CANDIDATE NAME:					
LAST	FIRST		Middle		
Name CANDIDATE CONTACT INFORMATION (1/Constitution)	Name		Initial		
CANDIDATE CONTACT INFORMATION (Information in Street	tnis section will be kept priv	City	Zip		
Address		C.S,	P		
Email Address		Phone			
Exact Address of Property Owned		Number(s)			
(for Property Owner applicants only)					
I AM APPLYING TO BECOME A MEMBER OF: (chec	k ONE: Board or Comn	nittee)			
☐ the SVANC Board of Directors ⇒ ☐ Also check			nior or Youth Representative Seat		
☐ a SVANC Committee (annual appointment): Sp					
STAKEHOLDER PARTICIPANT CATEGORY					
$oxedsymbol{oxtlesh}$ I AM A STAKEHOLDER OF THE Sun Valley A	rea Neighborhood	Council (the	"NC"), as declared below:		
(Specify ONLY ONE category below, corresponding	to the board seat/co	ommittee for wi	hich you are applying)		
RESIDENT CATEGORY					
I AM A RESIDENT WITHIN THE NC BOUNDARY					
Specify Residence Address in the Address Qualificat	cion section				
BUSINESS/PROPERTY OWNER CATEGORY and STU	IDENT CATEGORY				
I OWN A BUSINESS within the NC Boundary, OR	DEITH CALLGOIN				
☐ I WORK within the NC Boundary, OR					
☐ I ATTEND SCHOOL within the NC Boundary (Student Yo	outh Applicants only)				
Specify Business/School Name	,, , ,, ,, , ,, , ,, , ,, , ,, , ,, , ,				
Specify Business/School address in the Address Qua	alification section				
I OWN PROPERTY (that is not my principal residence),	within the NC Boundary				
 Specify Property address in the Address Qualification section, AND in the Contact Information section above. 					
	,				
AT LARGE CATEGORY I AM AN AT-LARGE COMMUNITY STAKEHOLDER BASED	ON MAY DARTICIDATION		/ DASED ODCANIZATION OD COOLD		
WITHIN THE NC BOUNDARIES (Note: Organization must be					
County of Los Angeles or its branches/departments/bureaus,					
Specify Organization or Group Name					
 Specify Organization or Group address within the N 	NC boundary in the Addre	ess Qualification se	ection below.		
COMMUNITY INTEREST CATEGORY					
I AM A COMMUNITY INTEREST STAKEHOLDER BASED C					
Community Interest Details HERE (continue on a separate po	age if necessary) . Enter a	pplicable address	in the Address Qualification section.		
SENIOR/YOUTH STAKEHOLDER SUBCATEGORY (no	at available for At Large o	ur Community Inte	rest Stakeholders)		
☐ I AM A SENIOR APPLICANT (age 55+ when seated) base		-	·		
Participant section, and I am choosing this category to qualit	fy for an annual Senior Re	epresentative boar	rd seat or committee		
☐ IAM A YOUTH APPLICANT (age 14-21 when seated) bas					
Stakeholder Participant section, OR School Attendance with Youth Representative board seat or committee	in the NC Boundaries, and	u i am choosing th	ns category to quality for an annual		
• For non-NC residents using the school's address to qualify, enter the school's address in the Address Qualification section.					

[2018-U1] SUN VALLEY AREA NEIGHE	ORHOOD COUNCIL	L CANDIDATE FILING	FORM Page 2 of 2			
CANDIDATE NAME:						
LAST Name	FIRST Name	Mid	ddle			
ADDRESS QUALIFICATION (must be within the						
WRITE COMPLETE ADDRESS INFORM	• •		ove"			
If the qualifying address is a residence, optionally for privacy concerns the block number can be specified in place of the actual residential address number (i.e. 10241 may be specified as 10200, as long as it appears correctly and fully in the Contact Information section).						
☐ This is a residential "block" (approximate,	i.e. not-exact) address	This is a school address (You	uth Applicants only)			
CANDIDATE STATEMENT (optional)	0 1:1 1 5:11:					
You may submit a Candidate Statement as part of your Candidate Filling application. Every candidate must adhere to the following guidelines when submitting the Candidate Statement:						
= =	 Must not exceed 150 word count limit (including translations) Must fit in the designated area below, or submit separately 					
May not include any profanity						
SIGN AND DATE YOUR APPLICATION						
I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT						
I understand that I must maintain accurate	=		=			
contact me may affect my application acceptance or approval, or future continued SVANC board/committee qualification.						
I will notify the SVANC if my stakeholder state soat/committee for which I am applying	atus changes, which may affec	t my current or future qualificat	tion of the board			
seat/committee for which I am applying. I understand that specific acknowledgements and trainings may be required to participate in board or committee actions and to						
maintain qualification to hold a board or committee position.						
Signature	·	Date				
SUBMIT YOUR APPLICATION/ADDITIONAL I	NFORMATION					
Detailed information to assist you with filling		able on our website <u>www.svanc</u>	.com			
• Identification and/or other documents to confirm your stakeholder status must be submitted with your application. You may						
redact (remove) certain sensitive information from your documentation. See instructions on our website.						
 It is recommended to submit your applicati deadline. If you have any questions we can 		l issues to be addressed before	the application			
Your application must be properly signed by		ng a cursive font.				
It is the applicant's responsibility to ensure		_				
SUBMIT YOUR APPLICATION USING THESE METHOD		Submission Methods (Not Recor	nmended)			
Scan and Email (recommended) to info@svanc.com		(follow up by email or telephone to our office prior to the deadline)				
Fax: 818-767-7510	In person, to the President or Election Committee representative of					
the SVANC		t 10 days in adverse to ensure the	malu daliyam:			
	-	Mail (at least 10 days in advance to ensure timely delivery) Sun Valley Area Neighborhood Council, PO Box 457 Sun Valley, CA 91353-0457				
For SVANC use only.						

Received: