

# Application Form

## Profile

|                |   |           |                 |              |   |
|----------------|---|-----------|-----------------|--------------|---|
| Prefix         | <u>Curtis</u>   | Last Name | <u>Stauffer</u> | Suffix       |   |
| Street Address |  |           |                 | Suite or Apt |  |
| City           |  |           |                 | State        |  |
| Email Address  |  |           |                 | Postal Code  |  |

|   |                           |
|---|---------------------------|
| <u>Homeless and Housing Coalition of Kentucky</u> | <u>Executive Director</u> |
| Employer  | Occupation                |

### District 8

What district do you live in?

|  |  |
|--|--|
|  |  |
| Primary Phone  | Alternate Phone  |

### Interests \*

Housing

### Volunteer Activities

Board of Directors, St. John Center for Homeless Men Economic Justice Committee, Kentuckians for the Commonwealth, Jefferson County Chapter Give a Jam to End Homelessness Project Stand Down/Homeless Connect

### Which Boards would you like to apply for?

Affordable Housing Trust Fund Board

### Past Service on City and County boards and Commissions?

Yes  No

**If Yes, Please List**

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Please answer the following questions. If you answer yes, please include relevant details (i.e. position, company, address, dates, etc.) in the Additional Notes section below.

**Are you employed by Louisville Metro Government?**

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Yes  No

**Do you or a member of your immediate family have ownership interest in any company that does business with Louisville Metro Government?**

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Yes  No

**Do you or a member of your immediate family have ownership interest in any property that is the subject of a condemnation proceeding, planning and zoning proceeding or any other administrative or court proceeding in which Louisville Metro Government or its agencies are interested parties?**

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Yes  No

**Do you have any contract or matter pending before any Louisville Metro Government agency?**

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Yes  No

**Have you ever been sued by the former City of Louisville, Jefferson County or Louisville Metro Government?**

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Yes  No

**Additional Notes**

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## Background Check

We require a criminal background check for all appointed members.



Please enter the last four digits of your social security number. This is protected and will not be shared.

**I authorize Louisville Metro Government and the Administrative Office of the Courts to search public records for any relevant information regarding me.**

Yes  No

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Please enter Maiden/Previous Names, if applicable.

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## Demographics

Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. Please complete the information requested below.

**Caucasian (non-Hispanic)**

Ethnicity

**Democrat**

Political Party

**Male**

Gender



Date of Birth

If you need assistance, please contact Julie Radican via phone 502-574-2003 or via email at [Julie.radican@louisvilleky.gov](mailto:Julie.radican@louisvilleky.gov)

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