

APPLICANT INFORMATION

Name: *Linda Kimbrough* Phone: *863-528-3695*
Address: *24 W. Orange Ave, 1*
City: *Lake Wales* State: *Florida* ZIP Code: *33853*

MEMBERSHIP ELIGIBILITY QUESTIONS

- Is your residence located within the City of Lake Wales? YES NO (PLEASE CIRCLE ONE)
(Note: You must live within the City of Lake Wales in order to serve on the CATF)
- Are you an employee of the City of Lake Wales? YES NO (PLEASE CIRCLE ONE)
(Note: only one employee of the City can serve on the CATF)
- Are you an elected official of the City of Lake Wales? YES NO (PLEASE CIRCLE ONE)
(Note: Elected officials of the City of Lake Wales are not eligible to serve on the CATF)

DESCRIPTION AND DUTIES OF THE CITIZEN ADVISORY TASK FORCE

The Citizen Advisory Task Force (CATF) is appointed by the City of Lake Wales City Commission. The CATF provides input to the City Commission on programs and projects aimed at improving local community and economic conditions. The key program that the CATF is concerned with is the Community Development Block Grant (CDBG) program which provides funding for neighborhood revitalization, housing rehabilitation, commercial revitalization, and economic development. Residents of low and moderate income neighborhoods shall be included in the CATF. The CATF shall be composed of at least five (5) residents of the jurisdiction. None of the CATF members can be elected officials and no more than one may be employee of the local government. Also, at least three members shall be within the income limits shown on page two of this membership form. Members of the CATF may be appointed as a standing committee. For CDBG grants, the CATF shall conduct at least one public meeting to discuss the proposed funding application before the CDBG Second Public Hearing notice is published. The CATF shall provide recommendations to the local government for all aspects of the local CDBG program and will meet at its discretion.

SIGNATURE

By signing below, I certify that:

- The information I have provided is true and correct to the best of my knowledge.

Signature: *[Handwritten Signature]*

Date: *7/22/2020*

Note:

Please sign and date here (and sign and date the following page)

SECTION I:

CATF MEMBER CONTACT INFORMATION

LOCAL GOVERNMENT: City of Lake Wales	NAME OF CATF MEMBER: <i>Linda Kimbrough</i>	
PHONE NUMBER: <i>863-578-3695</i>	EMAIL ADDRESS (OPTIONAL)	STREET ADDRESS: <i>24 N. Orange Ave. L.W.</i>

SECTION II:

Step 1: Circle then number of persons in your household.

Step 2:

- a. If your household income is above the amount shown for your household size, circle "No". This means that your income is not in income range shown for your household size. For example, a two (2) person household with an annual income of \$48,000 would circle 'No' because their income exceeds the 0 - \$32,500 income range shown on the form.
- b. If your household income is less than or equal to the amount shown for your household size, circle "Yes". This means that your income is within the income range for your household size. For example, a two (2) person household with an annual income of \$31,000 would circle 'Yes' because the income is within the 0 - \$32,500 income range.

Number of Persons in Household	Income Range (Moderate)	Is Total Household Income Within This Range?	
1	0 - \$32,950	YES	NO
<u>2</u>	0 - \$37,650	YES	<u>NO</u>
3	0 - \$42,350	YES	NO
4	0 - \$47,050	YES	NO
5	0 - \$50,850	YES	NO
6	0 - \$54,600	YES	NO
7	0 - \$58,350	YES	NO
8	0 - \$62,150	YES	NO
	0 - \$	YES	NO

SECTION III:

CERTIFICATION:

I, the undersigned, certify that the information stated in this form is true and accurately reflects the household composition and income data to the best of my knowledge.

NAME:

Linda Kimbrough
(Signature of CATF Member)

DATE:

7/22/2020
(Date signed)

Please sign and date here