Resident Roundtable Application

Section 1: Basic Contact Information

Thank you for your interest in serving on the Resident Roundtable Committee. Please complete this form to help us determine your eligibility for the committee, and to ensure the committee reflects the full demographics of NYCHA's diverse population.

First Name:	Middle Initial:	Last Name:	
Address:		City:	State:
Zip:			
NYCHA Development:			
Home Phone:	Cell:		
Work Phone:			
Preferred Email Address:			
Section 2: Language Prefero			
Secondary Language:			
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2. To serve on the Roundtable Committee, members are expected to attend virtual meetings, subcommittee meetings, and Transformation Plan project management meetings.

	Are you able to satisfy this requirement? Yes No If you have any additional information to share regarding this requirement, including a request for a reasonable accommodation, please note:			
3.	Roundtable members are expected to fully participate in all meetings, including, but not limited to, taking meeting minutes, tracking follow-ups, creating agendas, creating meeting presentations, and doing other meeting preparation and follow-up.			
	Are you able to satisfy this requirement? \square Yes \square No			
	If you have any additional information to share regarding this requirement, including a request for a reasonable accommodation, please note:			
4.	Roundtable members are expected to draft recommendations and other documents to be presented to the Transformation Plan Implementation Committee.			
	Are you able to satisfy this requirement? \square Yes \square No			
	If you have any additional information to share regarding this requirement, including a request for a reasonable accommodation, please note:			
5.	Roundtable members are expected to communicate with NYCHA staff and other residents via phone calls, emails, virtual meetings, and other ways.			
	Are you able to satisfy this requirement? \square Yes \square No			
	If you have any additional information to share regarding this requirement, including a request for a reasonable accommodation, please note:			
6.	Roundtable members are expected to participate in other miscellaneous activities on occasion as part of the Transformation Plan's Implementation.			
	Are you able to satisfy this requirement? \square Yes \square No			
	If you have any additional information to share regarding this requirement, including a request for a reasonable accommodation, please note:			

Section 5: Availability

1.	Roundtable members are expected to serve a term of up to two years (with possible reevaluation at any point during the two-year period).
	Are you able to satisfy this requirement? ☐ Yes ☐ No
	If you have any additional information to share regarding this requirement, including a request for a reasonable accommodation, please note:
2.	Roundtable members are expected to attend two two-hour meetings each month – one for the entire Roundtable committee and one for a sub-committee – plus any prep time required for each.
	Are you able to satisfy this requirement? \Box Yes \Box No
	If you have any additional information to share regarding this requirement, including a request for a reasonable accommodation, please note:
3.	Roundtable members are expected to spend at least four hours a month soliciting resident input
٥.	and feedback on subcommittee proposals and Transformation Plan Implementation.
	Are you able to satisfy this requirement? \Box Yes \Box No
	If you have any additional information to share regarding this requirement, including a request for a reasonable accommodation, please note:
4.	Roundtable members are invited to participate in other NYCHA work, like Transformation Plan Implementation project management meetings, for about one to two hours each week.
	Are you interested in and able to satisfy this requirement? \square Yes \square No
	If you have any additional information to share regarding this requirement, including a request for a reasonable accommodation, please note:

Is there anything else you would like to share about your interest and/or ability to satisfy these requirements?

If yes, please specify:	
I certify that the information provided on this form is compare this form with the NYCHA Roundtable selection compurpose of confirming residency in good standing, the selectivities and outcomes. I understand that NYCHA will kee otherwise provided in this consent form, or except as disciplinating in effect unless revoked in writing.	nmittee, including my name and address, for the ection of a diverse committee, and tracking my ep this information confidential except as
Print name:	
Signature:	Date: