

# SSA Commissioner Application 2011



Richard M. Daley, Mayor  
City of Chicago

Department of Housing and Economic Development (HED)

## APPLICATION COVER SHEET

Check the following boxes to confirm these items are attached to your Application Packet:

- Applicant Name (insert here): \_\_\_\_\_
- SSA # (insert here): \_\_\_\_\_ SSA Name (insert here): \_\_\_\_\_
- Application
- Resume
- Principal Profile Form
- Affidavit of Child Support, including notary
- 2011 City Ethics Statement (original version with signature)

Submit your Application Packet to: Jennifer Laurel, Administrative Assistant III, HED, 121 N. LaSalle Rm. 1006, Chicago, IL 60602. HED staff will notify you of missing or incorrect items.

The City will process the following items to complete your application for submission to the Mayor for appointment and City Council confirmation. You will receive a letter from the Mayor once you are confirmed by City Council. **FOR CITY USE ONLY:**

1. City Debt Report (circle one): Cleared    Debt
2. Applicant Debt Remedy status: \_\_\_\_\_
3. Aldermanic Letter(s)
  - a. Alderman: \_\_\_\_\_ Ward: \_\_\_\_\_ Letter Date: \_\_\_\_\_
  - b. Alderman: \_\_\_\_\_ Ward: \_\_\_\_\_ Letter Date: \_\_\_\_\_
  - c. Alderman: \_\_\_\_\_ Ward: \_\_\_\_\_ Letter Date: \_\_\_\_\_
  - d. Alderman: \_\_\_\_\_ Ward: \_\_\_\_\_ Letter Date: \_\_\_\_\_
4. Date Sent to Mayor's Office: \_\_\_\_\_
5. Council Intro Date: \_\_\_\_\_ Passage Date: \_\_\_\_\_

## FOR NEW APPLICANTS

1. To find out if there are available seats on an SSA Commission, check with the local SSA Service Provider Agency, aldermen or HED staff who can let you know about the local SSA Commission nomination process. For more information and contacts, visit [www.cityofchicago.org/hed](http://www.cityofchicago.org/hed). The nominating committee only needs to see the application and resume; the Principal Profile, Child Support Affidavit, and City Ethics form can wait until you are nominated to the SSA Commission.
2. Once you are nominated, submit a completed Application Packet to HED staff and notify the local Service Provider and aldermen. See the Checklist above for what to submit.
3. HED staff will request a City debt report from the Department of Revenue. HED staff and/or the Agency will notify you if you have debt and will include instructions for remedy. Notify HED staff once you have cleared your City debt.
4. HED staff and the Agency will request aldermanic support letter(s) on your behalf.
5. HED staff forwards completed application packets to the Mayor's Office for appointment and City Council confirmation. You will receive a letter from the Mayor noting your term start and end dates. Your local nomination process will have guidelines for renewals.

## FOR RENEWING COMMISSIONERS & COMMISSIONERS IN RENEWED SSA DISTRICTS

Complete the steps for New Applicants except if you filed your 2011 City Ethics Statement already (due May 1, 2011), another City Ethics Statement is **not** required. The same applies to the County Ethics Statement.

## HED STAFF

**Gina Caruso, AICP** Assistant Commissioner, HED

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**Jennifer Laurel**, Administrative Assistant III, HED

PH 312-744-0842 Email: [jennifer.laurel@cityofchicago.org](mailto:jennifer.laurel@cityofchicago.org)

## APPLICATION DOCUMENTS

### **Principal Profile Form**

As appointed officials, SSA Commissioners must not have City debt. The Chicago Department of Revenue uses this form to check your status of City debt (parking tickets, administrative hearings, etc.). HED or Service Provider Agency staff will forward you your report and instructions for remedy if debt is found. Notify HED staff once you have cleared your debt.

### **Affidavit of Child Support Compliance**

As appointed officials, the City requires SSA Commissioners to be clear of outstanding child support payments. **ALL APPLICANTS MUST COMPLETE THIS AFFIDAVIT REGARDLESS OF WHETHER ONE HAS CHILDREN OR NOT AND IT MUST BE NOTARIZED.** HED or Service Provider Agency staff will forward you your report and instructions for remedy if debt is found. Notify HED staff once you have cleared your debt.

### **2011 City Board of Ethics Statement of Financial Interests**

As appointed officials, the Chicago Governmental Ethics Ordinance requires SSA Commissioners to file an annual Statement of Financial Interest with the City and County Boards of Ethics. Only new applicants attach only the City Statement with the Application Packet. **If you are a renewing commissioner and filed your 2011 City Ethics Statement already (due May 1, 2011), another City Statement is NOT required. If you have NOT filed yet, you can include your City as well as County Ethics Statement.**

# 2011 SSA Commissioner Application

SSA Number: \_\_\_\_\_ SSA Name: \_\_\_\_\_

SSA Service Provider Agency: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
First Middle Last

Street City Zip Code Ward

Telephones: \_\_\_\_\_  
Work Cell (identify work, home, or both) Home Fax

List the email you prefer the City to use to contact you: \_\_\_\_\_

Ethnic Affiliation (optional): \_\_\_\_\_ Gender: \_\_\_\_\_

List or attach the following information for all properties in this SSA that you own and/or lease in whole or in part:

Property Owner and/or Business Name \_\_\_\_\_

PIN #: \_\_\_\_\_ Address in SSA: \_\_\_\_\_

List if you Own, Lease, or Both: \_\_\_\_\_

Property Owner and/or Business Name \_\_\_\_\_

PIN #: \_\_\_\_\_ Address in SSA: \_\_\_\_\_

List if you Own, Lease, or Both: \_\_\_\_\_

Property Owner and/or Business Name \_\_\_\_\_

PIN #: \_\_\_\_\_ Address in SSA: \_\_\_\_\_

List if you Own, Lease, or Both: \_\_\_\_\_

List or attach an explanation of why you want to serve as a Commissioner for this SSA:

Briefly explain your work history and attach your resume:

List the board position you hold if you currently serve on the board of directors of this SSA's Service Provider Agency:

List the other SSA Commissions you serve on, if any:

SSA #: \_\_\_\_\_ SSA Name: \_\_\_\_\_

SSA #: \_\_\_\_\_ SSA Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HED USE ONLY:

Re-appointment: \_\_\_\_\_ Date of appointment: \_\_\_\_\_ Term Length: \_\_\_\_\_

New appointment: \_\_\_\_\_ Date of expiration: \_\_\_\_\_ Replacing: \_\_\_\_\_

**PRINCIPLE PROFILE FORM**

**NOTE: Please complete fully and clearly. This information is used only by the City of Chicago, Department of Revenue for investigating your City debt.**

Date Completed: \_\_\_\_\_ SSA Number: \_\_\_\_\_ SSA Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

License Plate Number(s): \_\_\_\_\_ State Issued: \_\_\_\_\_

License Plate Number(s): \_\_\_\_\_ State Issued: \_\_\_\_\_

License Plate Number(s): \_\_\_\_\_ State Issued: \_\_\_\_\_

**The Child Support Affidavit and 2011 City Ethics Statement are separate documents.**