Housing Authority

Monday, March 7, 2005 City Hall Executive Conference Room

APPLICANTS FOR "RESIDENT" COMMISSIONER

6:00

Arminda Cabel

6:10

Andres Perales

APPLICANT FOR "AT LARGE" COMMISSIONER

No interview

Pearl Munak (incumbent)

RECOMMENDATIONS AS FOLLOWS:

TWO (2) VACANCIES:

One <u>4-year regular "at large"</u> term expiring February 28, 2009
One <u>4-year regular "resident"</u> term expiring February 28, 2009

NEMETH:

"resident" term 1. Almica CAREC	
"AT LARGE" TERM 2. POALL MULALAK	

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1	Arminda	Cabel	
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6 A T	LARGE" TERM		
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2.	Pearl Mu	naK	

City of Paso Robles

RECEIVED CITY CLERK'S OFFICE

APPLICATION FOR APPOINTMENT TO A CITY ADVISORY BODY/COMMITTEE/ COMMISSION FEB 0 ~ 2005

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Name of Advisory Body: Housin	g Circhority		CITY OF PASO ROBL
Name of Applicant: ARMIN	DA H.		CABEL
First Name	Middl	e Initial	Last Name
Street Madress.			PASO ROBLES CA 43446
Mailing Address: PODD 7	<u>' </u>	O ROBLES GA	93447 State Zip ,
Home Phone: (805) 239-9904	Home Fax: (805) 239	9904 E-mail: AR	
Retired? Occupation (if applica	ible) Selfemi	loyee	
Employer (if applicable)		i	
Work Phone: ()	Work Fax: ()	E-mail:	
EDUCATION & TRAINING	. 4	GRA	DE ENTERING INTO
High School IN MACULADA DE	LA MERCED,	CHIMBOTE	PERÚ
College ALLAN HAN COCK	COLLEGE/CG	10sta CityStain	ARIA P.R. CA
Name		Citv	State
Degrees/Majors <u>ENGLISL</u>	COMPUTE		
Other Schools/Training CENTRA		1A School OF	CONTINUING
DUCATION & C	OMPUTER	TRAINING	
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ADVISORY BODY/COMMITTEE/CO			1 To
Current			To
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ADDITIONAL INFORMATION Please provide any supplemental informat his advisory body.	ion to this application, inc	luding the specific reason y	ou believe you should be appointed to
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City of Paso Robles

APPLICATION FOR APPOINTMENT

RECEIVED CITY CLERK'S OFFICE

Tame of Applicant: Gar	TO A CITY ADVISORY BODY/COM	IMITTEE/ COMMISSION	ON JAN 7 2005
Jame of Applicant: First Name treet Address: 3770 M (2) Ver PA. City, Zip: Associables, Dff 344 failing Address: different from home) PO. Number City Shate Zip frome Phone: (185) 238-70566 Home Fax: (186) E-mail:	Name of Advisory Body: Housing Authority		PASO ROF
First Name Areet Address: 3770 N. A. Ver B.d. Additing Address: 4 State Additing Address: 4 State Additing Address: 4 State Address: 500 Number City State Address: 4 State Address: 500 Number City State Address: 500 Num	Name of Applicant: Rearl M.	Mun	all
Additing Address: City State Zip		Last Nar	ne
City State Zip	treet Address: 3770 N. Giver Ad.	City, Zip: <u>Paso(</u>	Robles, 199344
etired? Occupation (if applicable) Garmer mployer (if applicable) Self Vork Phone: Same Work Fax: Same Femail: DUCATION & TRAINING igh School Lamar ollege V. Texas Name egrees/Majors Loyala Law School ther Schools/Training EMBERSHIP IN ORGANIZATIONS Ces. Homeless Howsing Project DVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS DIFFORM TO Evious From To From To evious From To project Prom To project Prom To project Prom To project From To project Prom To project Proj	Mailing Address:	State	Zip
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CORK Phone: () Same Work Fax: () — E-mail: DUCATION & TRAINING igh School Lamar Ollege U. Texas Name State Ollege U. Texas State egrees/Majors Loyala Law School ther Schools/Training BA, JD EMBERSHIP IN ORGANIZATIONS TO 2. Al-05 EVINORY BODY/COMMITTEE/COMMISSION APPOINTMENTS TERM DUISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS TERM From To To evious From To evious From To Evious From To DODITIONAL INFORMATION tase provide any supplemental information to this application, including the specific reason you believe you should be appointed to a double of the poor as an LA Eventy Social worker That is a student in Law School and for Augus in the Homeles Sussing Project here. I have Seen the next for affordable entral housing in this community and wish to make Pregress	etired? Occupation (if applicable) <u>farm or</u>		
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City of Paso Robles

APPLICATION FOR APPOINTMENT

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TO A CITY ADVISORY BODY/COMMITTEE/ COMMISSION FFB 0 2 2005 Name of Advisory Body: CITY OF PASO ROBLES Name of Applicant: Middle Initial City, Zip: Street Address: Mailing Address: P.O. Number (if different from home) City Home Phone: 📉 Home Fax: (Occupation (if applicable) Employer (if applicable) Work Phone: 🔥 🛭 E-mail: **EDUCATION & TRAINING** GRADE ENTERING INTO High School College _ Degrees/Majors Other Schools/Training MEMBERSHIP IN ORGANIZATIONS atheletic Club. ADVISORY BODY/COMMITTEE/COMMISSION APPOINTMENTS **TERM** From _____ To ____ Current To Current To Previous Previous To From To Previous ADDITIONAL INFORMATION Please provide any supplemental information to this application, including the specific reason you believe you should be appointed to this advisory body.