

Exhibit B

Application for Union City Rent and Tenant Taskforce

Name: _____

Phone: _____ Email: _____

Primary Residence *: _____ City: _____

**Note there is a preference for applicants that live and/or own property in Union City*

Organization Affiliation (if applicable)

Organization Name: _____

Address: _____ City: _____

Website (if applicable): _____

Organization represents and/or advocates for:

☐ Renters ☐ Landlords ☐ Other: _____

1. I am a:

- ☐ Renter
- ☐ Landlord
- ☐ Homeowner *(that doesn't own other rental properties)*

2. **For Landlords Only** - Do you own rental property(s) in Union City? ☐ Yes ☐ No

3. I am applying to the Taskforce as:

- ☐ A representative or advocate for renters
- ☐ An representative or advocate for landlords
- ☐ An impartial community member

4. I am interested in participating because: _____

5. I am available to meet monthly for a minimum of six months. Meeting times that work best for me are *(check all applicable boxes)*:

Time of Day	Mon	Tues	Wed	Thurs	Fri
Morning					
Afternoon					
Evening					