

**HOUSING AUTHORITY OF THE COUNTY OF SANTA BARBARA
HACSB RESIDENT SERVICES PROGRAM COORDINATING COMMITTEE
FSS / ROSS / CT-CAC / S8-PBV / RAD PBRA SUPPORTIVE SERVICES**

Statement of Commitment

As a member of the HACSB Resident Services Program Coordinating Committee:

1. I understand the mission of the Resident Services Self Sufficiency Programs.
2. I agree to participate in and provide input on all policy review and changes as they pertain to the HACSB Resident Services Program Coordinating Committee.
3. I agree to be in attendance at $\frac{3}{4}$ (3 of 4) of the scheduled meetings on our current calendar. **[Exception to attendance applies to organizations centered outside of our immediate jurisdiction of Santa Barbara County].**
4. I agree to participate in the establishment and ongoing pursuit of all goals which will strengthen and promote the HACSB Resident Services Programs.
5. I agree to assist with the promotion of the HACSB Resident Services Programs.
6. I agree to work with coordinator(s) to establish supportive services which will benefit program participants.

Program Coordinating Committee Member

Date

Organization Represented / Title

Member's Contact Information

Business Address: _____

Phone: _____ Cell Phone: _____

Email Address: _____