



**Community Action Board  
Low-Income Sector Representative  
Supervisory District 5**

**ELIGIBILITY FORM**

I, \_\_\_\_\_ (please print) certify that I am eligible as a candidate for the vacant seat on the Community Action Partnership of San Bernardino (CAPSBC) Board of Directors representing the Low-Income Sector:

1. I reside in Supervisory District 5 (Rialto, and portions of Colton and San Bernardino).
2. I can evidence residence in Supervisory District 5.
3. I am at least eighteen (18) years of age as evidenced by proof of age document such as a driver's license or birth certificate.
4. I am a registered voter.
5. I am neither a paid staff member, nor related to a paid staff member of CAPSBC.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_