



**Cook County
Office, Board or Commission Affidavit**

Please fill out this application completely. Incomplete affidavits will not be considered for appointment. Please also submit your resume.

Please email the completed affidavit to Patrick Carey, Special Assistant for Governmental and Legislative Affairs at patrick.carey@cookcountyil.gov and Brian Miller, Office of Commissioner Larry Suffredin at bmiller@suffredin.org.

APPLICANT INFORMATION			
Which office/board/commission are you applying for?	Housing Authority of Cook County Board of Directors		
Last Name	Klibanow	First	Saul
		M.I.	H.
Current Street Address	2025 Bennett Ave		Apartment/Unit #
			NA
City	Evanston	State	IL
		ZIP	60201
Phone	847 869 6303	E-mail Address	saulk1@comcast.net
How long have you lived at your current address?	approximately 40yrs.		
Do you have multiple residences in Cook County?	YES <input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
If yes, please list your other addresses and which address is your primary address:			

APPOINTMENT INFORMATION

Have you received a Homeowner's Property Tax Exemption at any other address other than your primary address during the current tax year?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is your primary residence located within the district of the office, board, or commission that you are applying for?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Have you reviewed the legal requirements for the appointment that you are seeking?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Do you fulfill the legal requirements for the appointment that you are seeking?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Do you possess any conflicts of interest that would prevent you from adequately representing the interests of the office, board or commission that you are applying for?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Will you notify the President of the Cook County Board of Commissioners and the Chairman of the Legislation and Intergovernmental Relations Committee of the Cook County Board of Commissioners if there is a change to any of the statements set forth in this instrument?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

Under penalties of perjury, I state that, to the best of my knowledge, the information contained in this application is true, correct and complete.

Applicant's Name: Saul H. Klibanow
Applicant's Signature: [Handwritten Signature]
Date: August 15, 2014

Subscribed and sworn before me this 15 day of August, 2014

Notary Signature: [Handwritten Signature]



Notary Stamp