

**AMADOR TUOLUMNE COMMUNITY ACTION AGENCY (ATCAA)
BOARD OF DIRECTORS LOW INCOME REPRESENTATIVE PETITION**

Dear:

Date:

Thank you for your interest in a seat on the ATCAA Board, representing low-income persons in the county that you reside in. All representatives of the low-income sector, regardless of economic status, must be elected in such a way that ensures that they truly represent the low-income sector. In observance of this law, ATCAA Board Low-Income Representative Nominees must obtain 10 signatures of low-income persons living in the county in which you live and represent. The attached is a standard petition for this purpose.

Petition Process:

1. As the nominee, please complete the bottom section of this page (page 1) with your signature.
2. Ask each petition signer to read the “Eligible Signer Certification” section (page 2) before they sign the petition. Please assure they write legibly and complete all sections including phone number if they have one.
3. Mail all pages of this completed petition to:
Amador Tuolumne Community Action Agency
Attn: Board Secretary
10590 Hwy 88, Jackson CA 95642

To expedite this process, you may email completed petitions prior to mailing hard copies.

- A minimum of 10 valid signatures from income eligible residents living in the county you represent are required, but it is recommended you get a few more than 10 as usually some signatures are invalid because too high an income level. See page 2 for income eligibility.
- Once received by ATCAA, staff will make random calls to confirm signature validity of five or more signers and submit a letter with the results to the ATCAA Board. Once signatures are confirmed, your candidacy will be brought to the next board meeting.

If you have any questions, please do not hesitate to contact us at boardsecretary@atcaa.org.

PETITION FOR BOARD REPRESENTING THE LOW-INCOME SECTOR

I certify that I am a resident of the County of Amador or Tuolumne; that I am 18 years of age or older; that I am not a paid employee of Amador Tuolumne Community Action Agency; that I am not an officer or employee of an organization contracting to perform a component of ATCAA; that I wish to represent the low-income community on the ATCAA Board of Directors, and that I have been the sole circulator of this petition.

Name (Print):	County:
Residence Address:	
Mailing Address:	
Signature:	Date:

NOTICE TO THE PETITION SIGNER

This is a petition for _____ to represent you on the Amador Tuolumne Community Action Agency (ATCAA) Board of Directors. Your signature below certifies that you meet the guidelines listed here and that you wish for this candidate to represent you.

ELIGIBLE SIGNER CERTIFICATION

I, the undersigned, declare that I am qualified as a signer of this petition under the following guidelines:

1. That I live in the county of Amador / Tuolumne (please circle one)
2. That I am 18 years of age or older
3. That I am not a paid employee of ATCAA
4. That I support the ATCAA Board of Director's candidacy of the above-named candidate
5. That I have not signed a petition for any other candidate for this vacant Board seat.
6. That my family's gross income over the past 12 months has not exceeded the amount listed here.

Chart 1: Current Community Services Block Grant 2022 Low Income Guidelines

Size of Family Unit or Number in Household	Annual Income
1.	\$25,760
2.	\$34,840
3.	\$43,920
4.	\$53,000
5.	\$62,080
6.	\$71,160
7.	\$80,240
8.	\$89,320
For family units with more than 8 persons, add \$4,540 for each additional person.	

1.	Print Name	Street:
	Signature:	City:
	Date:	Phone #:
2.	Print Name	Street:
	Signature:	City:
	Date:	Phone #:
3.	Print Name	Street:
	Signature:	City:
	Date:	Phone #:
4.	Print Name	Street:
	Signature:	City:
	Date:	Phone #:
5.	Print Name	Street:
	Signature:	City:
	Date:	Phone #:
6.	Print Name	Street:
	Signature:	City:
	Date:	Phone #:
7.	Print Name	Street:
	Signature:	City:
	Date:	Phone #:
8.	Print Name	Street:
	Signature:	City:
	Date:	Phone #:
9.	Print Name	Street:
	Signature:	City:
	Date:	Phone #:
10.	Print Name	Street:
	Signature:	City:
	Date:	Phone #:

Candidate Name:

ATCAA Low Income Board Petition Date: _____

11.	Print Name	Street:
	Signature:	City:
	Date:	Phone #:
12.	Print Name	Street:
	Signature:	City:
	Date:	Phone #:
13.	Print Name	Street:
	Signature:	City:
	Date:	Phone #:
14.	Print Name	Street:
	Signature:	City:
	Date:	Phone #:
15.	Print Name	Street:
	Signature:	City:
	Date:	Phone #:
16.	Print Name	Street:
	Signature:	City:
	Date:	Phone #:
17.	Print Name	Street:
	Signature:	City:
	Date:	Phone #:
18.	Print Name	Street:
	Signature:	City:
	Date:	Phone #:
19.	Print Name	Street:
	Signature:	City:
	Date:	Phone #:
20.	Print Name	Street:
	Signature:	City:
	Date:	Phone #:

Candidate Name:

ATCAA Low Income Board Petition Date: _____