## **Application Form**

Profile				
Arlene	<u>Porter</u>			
First Name	Last Name			
arlene.porter1082@gr	mail.com			
Email Address				
7050 NW 44 ST		Apt 905		
Home Address		Apt 805	Suite or Apt	
Home Address		Suite of Apt		
Lauderhill		<u>FL</u>	33319	
City		State	Postal Code	
Mobile: (954) 297-786	4			
Primary Phone				
Which Boards wou	ld you like to apply for?			
Housing Authority Cor	nmission: Eligible			
Are you a Lauderh	ill resident?			
⊙ Yes ⊖ No				
How long have you	ı been a Lauderhill reside	ent?		
10+ Years				
Are you a register	ed voter in Broward Cour	nty?		
⊙ Yes ⊃ No				
Do you have a con	tract or do business with	the city?		
○ Yes ⊙ No				
Interests & Exper	iences			
Have you served o	n a City board before?			
○ Yes ⊙ No				

Submit Date: Nov 19, 2025

## **Board Specific Questions**

Referral
Please indicate who referred you to this opportunity (e.g., Commissioner, Board Member, Staff, etc.).
Mayor Grant
Demographics
Ethnicity *
✓ African American
Gender *
<b>▽</b> Female
10/09/1965

Date of Birth