



Application to serve on the Community Bank Advisory Council or Credit Union Advisory Council

OMB No: 3170-0037
Expiration: 07/31/2016

Thank you for your interest in a position as a representative on the Community Bank Advisory Council or Credit Union Advisory Council of the Consumer Financial Protection Bureau (CFPB). Any interested person may apply for membership on the advisory council.

Please complete and submit this questionnaire as part of the application and selection process for the advisory group.

To evaluate potential sources of conflicts of interest, the Bureau will ask potential candidates to provide information related to financial holdings and/or professional affiliations, and to allow the Bureau to perform a background check. CFPB will use the information you provide only for these purposes or other purposes authorized by law, or as outlined under the attached Privacy Act Statement. The Bureau will not review applications and will not answer questions from internal or external parties regarding applications until the application period has closed.

The Bureau will not entertain applications of federally registered lobbyists and individuals who have been convicted of a felony for a position on the Board and Councils.

Only complete applications will be given consideration for review of membership on the Board and Councils.

A complete application packet must include:

1. A recommendation letter from a third party describing the applicant's interests and qualifications to serve on the Board or Council;
2. A cover letter explaining your interest and qualifications.
3. A résumé or curriculum vitae for the applicant;
4. A complete application; and
5. A typed signature which will serve as an electronic signature.



General information

- 1 **Select advisory group to which you are applying to be a representative** Community Bank Advisory Council Credit Union Advisory Council

* Choose one

2 **Please provide your personal information**

* Select all that apply

FIRST NAME LAST NAME M.I.

EMAIL POSITION/TITLE HOW LONG AT EMPLOYER YR MO

EMPLOYER EMPLOYER'S ADDRESS

CITY STATE ZIP CODE

WORK PHONE - - CELL PHONE - -

PLACE OF BIRTH DATE OF BIRTH - -

RACE/ETHNICITY
 WHITE BLACK, AFRICAN AMERICAN ASIAN AMERICAN, PACIFIC ISLANDER
 HISPANIC, LATINO AMERICAN INDIAN, ALASKA NATIVE

GENDER
 MALE FEMALE PREFER NOT TO ANSWER OTHER

RECOMMENDER NAME (LAST, FIRST, MI) ORGANIZATION

Experience

3 **List your business or professional experience not listed on your résumé/CV**

4 **Identify the statutory membership category that is most applicable to you**

* Choose one

Consumer protection Community development Consumer financial products or services Representing communities that have been significantly impacted by higher-priced mortgage loan	Financial services Fair lending and civil rights Depository institution primarily serving underserved communities Other	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
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5 **What are the products that your institution offers**

Card Services (Credit cards, Debit cards, and Prepaid cards) Checking & Savings Commercial Banking Loans (Auto Loans, Boat Loans, RV Loans, Student Loans) Mortgages Wealth Management (Bonds, CD's, Money market, Stock)	Consumer Loans (Collateral Loans, Debt consolidation, Home Equity Lines, Personal Loans/Small Dollar, Overdraft Protection, Personal Lines of Credit) Credit reporting, cards, payments Mobile banking Mobile payments Other	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
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6 **What is your institution's asset size** \$

Ex: 3.5 million

Experience (continued)

7 List other affiliations and/or service as a community leader that would benefit you in your role as a member of the advisory group

8 List any Federal advisory committee or any board on which you are currently a member and the number of years you have served on that committee or board

Personal history

- | | | | |
|-------|---|-----|----|
| 9 | <p>Are you a US citizen?</p> <p>If no - are you a permanent resident (i.e. possess a green card)?</p> | YES | NO |
| <hr/> | | | |
| 10 | <p>Have you ever been convicted of a felony (a felony is defined as any violation of law punishable by imprisonment longer than one year)?</p> <p>If yes - please explain on the attached continuation sheet.</p> | YES | NO |
| <hr/> | | | |
| 11 | <p>Have you been a party to a civil or criminal action involving a financial institution or service provider?</p> <p>If yes - please explain on the attached continuation sheet.</p> | YES | NO |
| <hr/> | | | |
| 12 | <p>Are you now or have you in the last year been subject to the registration and reporting requirements of the Lobbying Disclosure Act (2 U.S.C. 1605)?</p> <p>If yes - please explain on the attached continuation sheet.</p> | YES | NO |
| <hr/> | | | |
| 13 | <p>Are you currently engaged in any business before the CFPB?</p> <p>If yes - please explain on the attached continuation sheet.</p> | YES | NO |
| <hr/> | | | |
| 14 | <p>Have you failed to pay any tax, penalty, or interest liability during the current or last three calendar years within forty-five (45) days of the date of which the IRS gave notice of the amount due and request for payment?</p> <p>If yes - please explain on the attached continuation sheet.</p> | YES | NO |
| <hr/> | | | |
| 15 | <p>Have you now or ever been under investigation by the IRS for possible criminal offenses?</p> <p>If yes - please explain on the attached continuation sheet.</p> | YES | NO |

Continuation sheet to form

If you need more space for an answer, use this sheet. Please number each answer to correspond to the number on this form. When you have completed your answers, attach to this form.

FIRST NAME

LAST NAME

M.I.

CONTINUATION FIELD (IF NEEDED)

Affiliations, representations, and/or positions with boards, advisory councils, or similar groups

List all positions and relationships you currently hold or held at any time during the past two years, whether or not you were compensated and whether or not you currently hold that position. Positions include an officer, director, employee, trustee, general partner, proprietor, representative, executor, member, or consultant of any of the following:

- Corporation, partnership, trust, or other business entity
- Non-profit or volunteer organization
- Educational institution
- Any government or industry advisory board or council

Do not list any position with a:

- Religious entity
- Social entity
- Fraternal entity
- Political entity
- Any position held by your spouse or dependent child

List all relationships outside your current employer, in which you represent the interests of a party, or you or your affiliates receive from a party a fee, income, or any other benefit from a party, if the information is not listed on your résumé/CV.

Positions you hold or have held

1	ORGANIZATION	CITY	STATE
	TYPE OF ORGANIZATION	POSITION	YEARS HELD
	BRIEF DESCRIPTION		

Positions you hold or have held (continued)

2

ORGANIZATION	CITY	STATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
TYPE OF ORGANIZATION	POSITION	YEARS HELD
<input type="text"/>	<input type="text"/>	<input type="text"/>
BRIEF DESCRIPTION		
<input type="text"/>		

3

ORGANIZATION	CITY	STATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
TYPE OF ORGANIZATION	POSITION	YEARS HELD
<input type="text"/>	<input type="text"/>	<input type="text"/>
BRIEF DESCRIPTION		
<input type="text"/>		

4

ORGANIZATION	CITY	STATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
TYPE OF ORGANIZATION	POSITION	YEARS HELD
<input type="text"/>	<input type="text"/>	<input type="text"/>
BRIEF DESCRIPTION		
<input type="text"/>		

Positions you hold or have held (continued)

5

ORGANIZATION	CITY	STATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
TYPE OF ORGANIZATION	POSITION	YEARS HELD
<input type="text"/>	<input type="text"/>	<input type="text"/>
BRIEF DESCRIPTION		
<input type="text"/>		

6

ORGANIZATION	CITY	STATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
TYPE OF ORGANIZATION	POSITION	YEARS HELD
<input type="text"/>	<input type="text"/>	<input type="text"/>
BRIEF DESCRIPTION		
<input type="text"/>		

7

ORGANIZATION	CITY	STATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
TYPE OF ORGANIZATION	POSITION	YEARS HELD
<input type="text"/>	<input type="text"/>	<input type="text"/>
BRIEF DESCRIPTION		
<input type="text"/>		

Privacy Act Statement

The collection of this information is authorized by Pub. L. No. 111-203, Title X, sections 1011, 1012, 1014, codified at 12 U.S.C. §§ 5491, 5492, 5494. Providing your identifying information is voluntary, but not doing so may result in non-selection of a prospective advisory board, body, panel, committee, or other similar group membership. The Bureau has a special interest in ensuring that women, minority groups, and individuals with disabilities are adequately represented on the Board and Councils, and therefore, encourages applications from qualified candidates from these groups. In furtherance of this interest, the Bureau invites applicants to the Board and Councils to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not disqualify you from consideration for service on the Board or Councils. The information obtained will be kept confidential and will only be used for internal management purposes. There have been occasions when members of the public and/or Congress have requested information regarding the demographic composition of the Board and Councils. If the Bureau receives and responds to such a request, data provided will not identify any specific individual."

Paperwork Reduction Act

According to the Paperwork Reduction Act of 1995, a Federal agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 3170-0037. It expires on 12/30/2015. The time required to complete this information collection is estimated to average approximately 60 minutes per response. Responding to this information collection is voluntary; however, a completed application is required for an LEA to be considered for participation in the TTI. Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to Bureau at the Consumer Financial Protection Bureau (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to CFPB_PRA@cfpb.gov.

The Bureau will not disclose any personally identifiable information collected except to the extent that it is required to do so by law and as provided in the Privacy Act Statement listed below. Additionally, the Bureau will treat the information collected consistent with its confidentiality regulations at 12 C.F.R. Part 1070, et seq.

Signature

16 I certify that the statements I have made on this form and all attached statements are true, complete, and correct to the best of my knowledge.

* Typing your name works as your signature.

SIGNATURE

DATE

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Please note the following before submission:

- We strongly encourage electronic submission.
- Once you have completed the application save the document as "LASTNAME_ FIRSTNAME_ DATE". Once saved please click the blue "Submit application" button below. If you experience issues with the submit function, please email the application, letter of recommendation and your resume to CFPB_BoardandCouncilapps@cfpb.gov.
- To complete the application package, you must also attach a copy of your cover letter, résumé/ CV and one (1) letter of recommendation. If you prefer not to submit electronically, please mail your complete application package, which includes this form as well as a copy of your cover letter, résumé/CV and one (1) letter of recommendation, to:

Attn: Advisory Board and Council Office
Consumer Financial Protection Bureau
1275 1st Street NE, Washington, DC 20002.

- Applications submitted electronically must be received on or before 5:00 p.m. EST February 28, 2017.
- Mailed applications must be postmarked on or before 5:00 p.m. EST February 28, 2017.

Attach necessary and/or required documents to this application

- Cover Letter
- Resume
- Letter of Recommendation

To attach files, click on the attach file button below. You can upload multiple files, but only one file can be attached per click.

To confirm that your files have attached properly follow the navigation path below:

View > Show/Hide > Navigation Panes > Attachments

Save the pdf application before submitting

* Submission will be sent via email