



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

OMB No: 3170-0037

Expiration: XX/XX/
XXXX

Thank you for your interest in a position on the Community Bank Advisory Council (CBAC) or the Credit Union Advisory Council (CUAC) of the Consumer Financial Protection Bureau (CFPB). CFPB will use the information you provide only for those purposes authorized by law, or as outlined under the attached Privacy Act Statement. Please ensure that all information you provide is complete and accurate.

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

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 does not accept applications from federally registered lobbyists or current elected officials for a position on the advisory committees.

Only complete applications will be given consideration for review of membership on the advisory committees.

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 advisory committees
2. A cover letter explaining your interest and qualifications;
3. A resume or curriculum vitae for the applicant;
4. A complete questionnaire; 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**

FIRST NAME <input style="width: 95%;" type="text"/>	LAST NAME <input style="width: 95%;" type="text"/>	M.I. <input style="width: 95%;" type="text"/>
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HAVE YOU PREVIOUSLY USED A DIFFERENT NAME OR SPELLING OF YOUR NAME? YES NO

LIST OTHER NAMES USED <input style="width: 95%;" type="text"/>	FROM <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	TO <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	MM YY	MM YY

LIST OTHER NAMES USED <input style="width: 95%;" type="text"/>	FROM <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	TO <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	MM YY	MM YY

EMPLOYER <input style="width: 95%;" type="text"/>	EMAIL <input style="width: 95%;" type="text"/>
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POSITION/TITLE <input style="width: 95%;" type="text"/>	HOW LONG AT EMPLOYER <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	YR MO

EMPLOYER'S ADDRESS

CITY <input style="width: 95%;" type="text"/>	STATE <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	ZIP CODE <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
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WORK PHONE <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	CELL PHONE <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
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PLACE OF BIRTH <input style="width: 95%;" type="text"/>	DATE OF BIRTH <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
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GENDER

MALE	FEMALE	PREFER NOT TO ANSWER	OTHER <input style="width: 95%;" type="text"/>
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RACE/ETHNICITY

AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN
HISPANIC OR LATINO	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE

Third-party recommender

3

Please list the name(s), title(s) and organization(s) of your recommender(s).

LAST NAME	FIRST NAME	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE	ORGANIZATION	
<input type="text"/>	<input type="text"/>	

LAST NAME	FIRST NAME	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE	ORGANIZATION	
<input type="text"/>	<input type="text"/>	

LAST NAME	FIRST NAME	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE	ORGANIZATION	
<input type="text"/>	<input type="text"/>	

LAST NAME	FIRST NAME	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE	ORGANIZATION	
<input type="text"/>	<input type="text"/>	

LAST NAME	FIRST NAME	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE	ORGANIZATION	
<input type="text"/>	<input type="text"/>	

Third-party recommender (continued)

3 Please list the name(s), title(s) and organization(s) of your recommender(s).

LAST NAME	FIRST NAME	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE	ORGANIZATION	
<input type="text"/>	<input type="text"/>	

LAST NAME	FIRST NAME	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE	ORGANIZATION	
<input type="text"/>	<input type="text"/>	

LAST NAME	FIRST NAME	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE	ORGANIZATION	
<input type="text"/>	<input type="text"/>	

LAST NAME	FIRST NAME	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE	ORGANIZATION	
<input type="text"/>	<input type="text"/>	

LAST NAME	FIRST NAME	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE	ORGANIZATION	
<input type="text"/>	<input type="text"/>	

Experience

<p>4 List your business or professional experience not listed on your resume/CV</p>	
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<p>5 Identify the statutory membership category that is most applicable to you *Choose one</p>	<p>Consumer protection Community development Consumer financial products or services Representing communities that have been significantly impacted by higher-priced mortgage loan</p>	<p>Financial services Fair lending and civil rights Depository institution primarily serving underserved communities Other</p> <input data-bbox="974 945 1526 1008" type="text"/>
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<p>6 What are the products that your institution offers *Choose all that apply</p>	<p>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)</p>	<p>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</p> <input data-bbox="974 1522 1526 1585" type="text"/>
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Experience (continued)

7 What is your institution's asset size \$
Ex: 3.5 million

8 **Select your region.** Please see the map at consumerfinance.gov/about-us/the-bureau/bureau-structure/supervision-enforcement-fair-lending/supervision-regional-directors to make the appropriate selection.
*Choose one

- MIDWEST
- NORTHEAST
- SOUTHEAST
- WEST

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

10 **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

11	Are you a U.S. citizen?	YES	NO
	If no - are you a permanent resident (i.e. possess a green card)?	YES	NO
12	Have you been a party to a civil or criminal action involving a financial institution or service provider?	YES	NO
	If yes - please explain on the attached continuation sheet.		
13	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)?	YES	NO
	If yes - please explain on the attached continuation sheet.		
14	Are you currently engaged in any business before the CFPB?	YES	NO
	If yes - please explain on the attached continuation sheet.		
15	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?	YES	NO
	If yes - please explain on the attached continuation sheet.		
16	Have you now or ever been under investigation by the IRS for possible criminal offenses?	YES	NO
	If yes - please explain on the attached continuation sheet.		

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 resume/CV.

Positions you hold or have held

A	ORGANIZATION									
	CITY		STATE			ZIP CODE				
	TYPE OF ORGANIZATION									
	POSITION/TITLE		YEARS HELD							
	BRIEF DESCRIPTION									

Positions you hold or have held (continued)

B

ORGANIZATION

CITY

STATE

ZIP CODE

TYPE OF ORGANIZATION

POSITION/TITLE

YEARS HELD

YR

MO

BRIEF DESCRIPTION

C

ORGANIZATION

CITY

STATE

ZIP CODE

TYPE OF ORGANIZATION

POSITION/TITLE

YEARS HELD

YR

MO

BRIEF DESCRIPTION

Positions you hold or have held (continued)

D

ORGANIZATION

CITY STATE ZIP CODE

TYPE OF ORGANIZATION

POSITION/TITLE YEARS HELD
YR MO

BRIEF DESCRIPTION

E

ORGANIZATION

CITY STATE ZIP CODE

TYPE OF ORGANIZATION

POSITION/TITLE YEARS HELD
YR MO

BRIEF DESCRIPTION

Positions you hold or have held (continued)

F

ORGANIZATION

CITY STATE ZIP CODE

TYPE OF ORGANIZATION

POSITION/TITLE YEARS HELD

YR MO

BRIEF DESCRIPTION

G

ORGANIZATION

CITY STATE ZIP CODE

TYPE OF ORGANIZATION

POSITION/TITLE YEARS HELD

YR MO

BRIEF DESCRIPTION

Signature

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 (MM-DD-YYYY)

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Please note the following before submission:

- Once you have completed the questionnaire, we recommend saving a copy for your files.
- Prior to attaching/uploading your documents, please save them in the following format: **"LASTNAME_ FIRSTNAME_ DOCUMENTTITLE."** Failure to do so may result in application processing delays.
- To complete the application package, you must also attach a copy of your cover letter, resume/CV, and a third-party letter of recommendation.
- If you require a reasonable accommodation to complete the application, please contact CFPB_BoardandCouncilApps@cfpb.gov.
- Completed applications packages must be received on or before **11:59 p.m. EST February 27, 2020.**

Attach necessary and/or required documents to this application

- Cover letter
- Resume/CV
- Third-party letter of recommendation

Privacy Act Statement 5 U.S.C. 552a(e)(3)

The information that you provide will be used by the Consumer Financial Protection Bureau (CFPB) to determine qualifications, suitability, and availability for service on advisory boards, bodies, panels, committees or other similar groups. The information will be used to conduct background clearances and/or for annual reports on advisory boards, bodies, panels, committees or other similar groups.

Information collected by the CFPB will be treated in accordance with the System of Records Notice (SORN), CFPB.016 CFPB Advisory Boards and Committees, 83 FR 23435. The information will be used by and disclosed to employees, contractors, agents, and others authorized by the CFPB to receive this information to assist in related activities. Information may be disclosed in accordance with the Routine Uses described in the SORN, including to:

Appropriate agencies, entities, and persons when (a) the CFPB suspects or has confirmed that there has been a breach of the system of records; (b) the CFPB has determined that as a result of the suspected or confirmed breach there is a risk of harm to individuals, the CFPB (including its information systems, programs, and operations), the Federal Government, or national security; and (c) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with the CFPB's efforts to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm;

Another Federal agency or Federal entity, when the CFPB determines that information from this system of records is reasonably necessary to assist the recipient agency or entity in (a) responding to a suspected or confirmed breach or (b) preventing, minimizing, or remedying the risk of harm to individuals, the recipient agency or entity (including its information systems, programs, and operations), the Federal Government, or national security, resulting from a suspected or confirmed breach.

Another federal or state agency to (a) permit a decision as to access, amendment or correction of records to be made in consultation with or by that agency, or (b) verify the identity of an individual or the accuracy of information submitted by an individual who has requested access to or amendment or correction of records;

To the Office of the President in response to an inquiry from that office made at the request of the subject of a record or a third party on that person's behalf;

Congressional offices in response to an inquiry made at the request of the individual to whom the record pertains;

Contractors, agents, or other authorized individuals performing work on a contract, service, cooperative agreement, job, or other activity on behalf of the CFPB or Federal Government and who have a need to access the information in the performance of their duties or activities;

The U.S. Department of Justice ("DOJ") for its use in providing legal advice to the CFPB or in representing the CFPB in a proceeding before a court, adjudicative body, or other administrative body before which the CFPB is authorized to appear, where the use of such information by the DOJ is deemed by the CFPB to be relevant and necessary to the litigation, and such proceeding names as a party or interests: (a) The CFPB; (b) Any employee of the CFPB in his or her official capacity; (c) Any employee of the CFPB in his or her individual capacity where DOJ has agreed to represent the employee; or (d) The United States, where the CFPB determines that litigation is likely to affect the CFPB or any of its components;

To the public in the form of names, affiliations, and other pertinent biographical information of board or committee members; and

Appropriate agencies, entities, and persons to the extent necessary to obtain information relevant to making a determination of whether an individual is eligible to serve on a CFPB board or committee.

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. However, failure to provide your Social Security number may not be the reason for non-selection.

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, an 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 XX/XX/20XX. The time required to complete this information collection is estimated to average approximately 1 hour per response, including the time for reviewing any instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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.