

Print

Application For Appointment/Reappointment - Submission #23431

Date Submitted: 1/9/2025

Name of Board or Boards for which you are applying:*

Affordable Housing

Name:*

Jennifer Picardi

Home Address:*

2201 River Branch Dr

City:*

Fort Pierce

State:*

FL

Zip:*

34981

How long at this address?*

8 yea

Telephone Number*

772-342-0366

If less than two years, provide prior address:

Are you a citizen of the United States? *

Yes

No

Occupation: *

Mortgage Lender

Employer:*

Geneva Financial

Do you own a business that operates within the City of Fort Pierce?*

Yes

No

If yes, list the address and nature of said business:

Do you now or in the future plan to do business with the City of Fort Pierce or the Fort Pierce Utilities Authority(FPUA)?*

Yes

No

If yes, in which organization and in what capacity?

Are you employed by a business that is located within the City of Fort Pierce?*

Yes

No

If yes, state the business and location:

111 Orange Ave, Ste M214

Do you have special training or knowledge in the area of:

Engineering:*

Yes

No

Architecture:*

Yes

No

Real Estate Brokering:*

Yes

No

Finance/Accounting:

Yes

No

Contracting:*

Yes

No

Land Development:*

Yes

No

Utilities:

Yes

No

Management:*

Yes

No

Describe your professional background and what expertise you will bring to this Board. (Attach your resume or other applicable information below if desired) *

I have been part of this community for the past 24 years. I am part of Ft Pierce Woman's Club for past 6 years and current President for past 3yrs, have my mortgage business in downtown. I am very interested in helping on this committee since this is what I do all day, helping homeowners dreams come true. I believe I can be an asset to this committee with my background in lending, a board of trustee member and committee member for SLC Attainable housing with the realtors Association.

Are you currently a member of a Commission-appointed board/committee?*

Yes

No

If yes, please specify:

Have you ever been convicted of a felony?*

Yes

No

If yes, what was the nature of the crime(s) you were convicted of:

If appointed, are you willing to attend a training session which could last several hours?*

Yes

No

Referred by:*

Applicant Email Address:*

Date:*

Applicant's Signature:*

APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.

For additional information, please contact the City Clerk's Office at 772.467.3065 or email lcox@cityoffortpierce.com.

Upload Resume (Optional)

Choose File

No file chosen