

# Print

## Application For Appointment/Reappointment - Submission #24672

Date Submitted: 2/21/2026

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

Applications for the Affordable Housing Advisory Committee

Name:\*

Shontay M. Smith

Home Address:\*

707 Roselyn Ave.

City:\*

Fort Pierce

State:\*

FL

Zip:\*

34982

How long at this address?\*

707 Roselyn Ave

Telephone Number\*

772.579.8596

If less than two years, provide prior address:

707 Roselyn Ave

Are you a citizen of the United States? \*

Yes

No

**Occupation: \***

Graphic Designer Tech

**Employer:\***

St Lucie Public Schools

**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:

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

Engineering:\*

Yes

No

Architecture:\*

Yes

No

Real Estate  
Brokering:\*

Yes

Finanace/Accounting:

Yes

No

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 bring a strong blend of creative leadership, strategic thinking, and collaborative problem-solving to this Board position

**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](mailto:lcox@cityoffortpierce.com).

**Upload Resume (Optional)**

No file chosen