



Noah's Ark

of Central Florida, Inc

P.O. Box 92221 - Lakeland, FL 33804-2221

Phone (863) 687-0804; Fax (863) 680-1680

"We're all in this together."

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Bill Sammons, *President*
Sammons & Company

Suzanne Trueblood
1st Vice President

Roger Spaulding
2nd Vice President

Cindy Thielemann
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Rev. Riley Short, *Retired*
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Executive Director

Jack Kosik

Dear Applicant, Guardian or Advocate,

Thank you for inquiring to become a resident of one of the Noah's Ark properties. Please review the following pages so you understand how our application process works.

Noah's Ark is a not-for-profit organization that provides affordable supported-living homes. However, the Agency for Health Care Administration (Medicaid Waiver) and the Agency for Persons with Disabilities (APD) have established rules that prohibit a landlord from providing support services to their residents. Therefore, it must be clear that **Noah's Ark does not provide any direct support services to its residents.**

In order to be considered for residency in one of our supported-living homes, an individual must have sufficient resources available to provide appropriate levels of day-to-day in-home supports. This is commonly accomplished either through a private-pay arrangement or through the Medicaid Home and Community Based Waiver Services.

If you would like to make formal application, please complete the enclosed application and mail it to the attention of the Property Management Committee at the address shown above.

We will need your permission to do a criminal background check and run a credit report. If selected, you will need to provide us with a copy of your Florida Living Will and Health Care Surrogate information.

To help keep our rents affordable (we have significantly below market rates), each resident is required to serve twenty-four (24) volunteer service hours per calendar quarter. These volunteer service hours may be served by the resident, a friend, or a family member. The resident may "opt-out" of providing volunteer service hours by paying an additional quarterly fee.

If you have any questions, please feel free to call the Chairperson of the Property Management Committee, Cindy Thielemann at (863) 858-1255.

Thank you for your interest in becoming a resident with Noah's Ark.

Sincerely,

Bill Sammons
President

Application of Interest for Supported-Living Rental

Noah's Ark of Central Florida, Inc.

P.O. Box 92221 ● Lakeland, Florida 33804-2221

Phone: (863) 687-0804 ● Fax: (863) 680-1603

Purpose of Application: This application is for qualification purposes only and does not in any way guarantee the applicant that he/she will be offered the property. Applicant understands that Noah's Ark of Central Florida, Inc. (Noah's Ark), can and will accept more than one application on a rental property and Noah's Ark, in its sole discretion, will select the best-qualified applicant. Any application with missing information may be eliminated from consideration and the application fees returned.

Personal Information:

Name: _____

Gender: _____ Age: _____

Address: _____

Date of Birth: _____

City, State & Zip _____

Social Security # _____

Email Address: _____

Phone: _____

Supported-Living Services - In order to be considered for residency in one of our supported-living homes, an individual must have sufficient resources available to provide appropriate levels of day-to-day in-home supports. This can be accomplished either through a private-pay arrangement or through the Medicaid Home and Community Based Waiver Services.

I. Guardianship:

Is there a legal written guardianship in place for the applicant? Yes No

If yes, please submit a copy of the guardianship documents with this application.

II. Type of Disability:

Which of the following best describes your (the Applicant's) disability?

- Autism Cerebral Palsy Mental Retardation Prader-Willi Spina Bifida
 Other (specify) _____

III. Levels of Independence:

Are you (the applicant) currently:

- receiving Medicaid Home & Community Based Waiver Services? Yes No
on the waiting list for support services through the APD? Yes No

If yes, when did you apply for services? _____

- ambulatory? Yes No
able to take care of your daily personal hygiene, without prompting? Yes No
able to prepare your own meals? Yes No
able to appropriately manage your own money? Yes No
able to write (print)? Yes No
able to read? If yes, at what level? _____ Yes No
able to do your own laundry? Yes No
able to use the phone? Yes No
able to use a computer? Yes No
able to use public transportation independently? Yes No
licensed to drive a car? Yes No
able to maintain your own room & common areas of the home? Yes No
able to take your own medications? Yes No
on any type of medication? Yes No

If yes, list medications being taken: _____

allergic to any medications, foods or other substances? Yes No

If yes, list known allergies: _____

IV. Transition Supports:

The transition from living at home with parents, in a group home, in an assisted-living facility or in another type of institutional setting into a supported-living home can be very challenging.

If you, the applicant, are not presently receiving Medicaid Home and Community Based Waiver support services, how will you be supported until such services become available?

V. Behavioral Concerns:

Have you (the applicant) ever had ANY behavioral, emotional or anger management issues? Yes No

If yes, describe in detail (attach separate sheet, if necessary): _____

Have you (the applicant) ever been Bakker Acted? Yes No

If yes, describe in detail: _____

VI. Personal References:

In case of Emergency, notify:	Address City, State & Zip	Phone Number	Relationship
1			
2			
Nearest Relative Not Living With You	Address City, State & Zip	Phone Number	Relationship
1			
2			

VII. Financial Information:

Do you (the applicant) currently have a Special Needs Trust? Yes No

Monthly income from employment. \$ _____

Monthly income from government (SSI, SSDI, etc.) \$ _____

Monthly income from other sources (family, trusts, etc.) \$ _____

Total Monthly Income \$ _____

VIII. Employment - Present & Previous (past 3 years):

Present Employer: _____ Supervisor: _____

Start Date: _____ End Date: _____ Phone: _____

Hours Worked Per Week: _____ Typical Schedule: _____

Former Employer: _____ Supervisor: _____

Start Date: _____ End Date: _____ Phone: _____

Hours Worked Per Week: _____ Reason For Leaving: _____

Former Employer: _____ Supervisor: _____

Start Date: _____ End Date: _____ Phone: _____

Hours Worked Per Week: _____ Reason For Leaving: _____

IX. Living Arrangement (past 3 years):

Current Address: _____ Landlord's Name: _____

City, State & Zip _____ Landlord's Phone: _____

From (date): _____ Rent Paid: _____

Prior Address 1: _____ Landlord's Name: _____

City, State & Zip _____ Landlord's Phone: _____

From (date): _____ To (date): _____ Rent Paid: _____

Prior Address 2: _____ Landlord's Name: _____

City, State & Zip _____ Landlord's Phone: _____

From (date): _____ To (date): _____ Rent Paid: _____

X. Social Information:

Please describe what you do in the course of a "typical day".

List interests and hobbies:

Do you prefer group or individual activities? Why?

XI. Additional Applicant Information:

- Are you a smoker? Yes No
- Have you ever been asked to move out by a landlord? Yes No
- Have you ever breached a lease or rental agreement? Yes No
- Have you ever had an eviction filed against you? Yes No

- Have you ever intentionally refused to pay rent when due? Yes No
- Do you currently owe money to a landlord? Yes No
- Have you ever lost property in a foreclosure? Yes No
- Have you ever been arrested for or convicted of a felony? Yes No

If yes, explain:

- Are there any criminal matters pending against you? Yes No
- Are you a registered sex offender? Yes No
- Have you ever filed bankruptcy? Yes No

If yes, when?

Is there additional information you want to be considered? Yes No

If yes, please provide:

XII. Expectations:

Please describe why you would like to live in a Noah's Ark supported-living home.

XIII. Association Approval: Where applicable, this application is subject to and contingent upon the prospective tenant(s) being approved by a condominium/homeowners association. The prospective tenant(s) will pay any non-refundable application fee required by the condominium/homeowners association and make application for association approval within 3 days from the date of this application. Occupancy shall not be permitted prior to association approval.

In the event that the prospective tenant is not approved by the association and/or Noah's Ark, this application will terminate and any rents and/or security deposits paid will be refunded to the prospective tenant. The non-refundable application fees paid to the association and to Noah's Ark, are not refundable under any circumstance.

XIV. Authorization & Representation: Applicant, or Applicant's Legal Guardian, authorizes Noah's Ark and its agent, at any time before, during or after tenancy, to: (1) obtain a copy of Applicant's credit report; (2) obtain a criminal background check related to Applicant and any occupant; (3) verify any rental, employment, or criminal history or verify any other information related to this application with persons knowledgeable of such information; (4) check the public records for any current or past evictions; and (5) verify payment history to current and past utility companies.

Applicant, or Applicant's Legal Guardian, represents that the statements in this application are true and complete and understands and agrees that providing false or inaccurate information is grounds for rejection of this application and/or a breach of a lease.

Applicant, or Applicant's Legal Guardian authorizes Noah's Ark, to make a photocopy of his/her State Identification Card, Driver's License, social security card or other identification as requested and to be retain as part of the submitted application.

XV. Good Faith Deposit: Applicant must pay the total amount of Application Fee and Good Faith Deposit, if required. **The Application Fee is a non-refundable processing fee.** The Good Faith Deposit will be applied as part or all of the lease security deposit if a lease is entered into between the applicant and Noah's Ark.

If applicant is not approved to enter into a lease for the type of residence requested, the Good Faith Deposit will be refunded. If applicant is approved but does not enter into a lease agreement, the Good Faith Deposit will be forfeited as a liquidated damage for loss of rent and re-rental expenses.

Applicant or Applicant's Legal Guardian, has read, understands and agrees to these terms of this application.

THIS APPLICATION was completed on _____ by _____
who is: The Applicant The Applicant's Legal Guardian A Friend/Advocate of Applicant

SIGNED BY: _____
Applicant

Legal Guardian of Applicant
Friend/Advocate of Applicant

Supplemental Information & Agreement for Noah's Ark Rental Application

Noah's Ark is using its best efforts to provide lower income individuals with an opportunity for affordable and accessible supported-housing. Part of these efforts includes matching potential roommates' strengths and weaknesses so they are best able to "naturally support" one another in their daily living environment.

Additional health and safety requirements may include the following:

- Conducting a background and credit check of potential residents.
- Having a copy of the residents' "Florida Living Will" on file.
- Having a copy of "Health Care Surrogate" information on file.

The transition to more independent living can be a very challenging time for an individual. The need for ongoing family/advocate support is an important element to successful transition.

To that end, Noah's Ark requires on-going family/advocate involvement to help the individual succeed and the organization sustain itself.

Required Volunteer Hours - A quarterly pledge of 24 volunteer service hours (that averages only 8 hours per month) is required from each resident to help keep rents more affordable. These volunteer service hours are to be used to benefit the Noah's Ark mission and may be served by the resident, a friend, or a family member. In lieu of the volunteer hours, a resident can "opt out" by paying a quarterly fee of \$360.00 (that totals \$1,440 annually), in advance and without demand.

It is the resident's responsibility to make sure that volunteer hours are recorded and submitted to the Noah's Ark administrative office within ten (10) days of the service hours being completed. Hours are not cumulative and excess volunteer hours in one quarter do not "roll-over" to the next quarter.

We acknowledge that, no system is foolproof. Noah's Ark will continue to explore ways to better meet the needs of the people we serve. We are open to new ideas to improve what we do for the people we serve.

Income Limits - Occasionally, Noah's Ark is able to obtain some grant funding to help purchase and/or build homes. Frequently, the funds from these grants are tightly targeted to help individuals with low, very low, and extremely-low incomes. Because of these potential restrictions, it may become necessary for Noah's Ark to relocate a resident should the income of one or more of the members of the household exceed the income limits specified in the grant funding agreement.

Application Fee - A non-refundable \$35.00 application processing fee is required with each application to help offset our expenses.

I HAVE READ, UNDERSTAND AND AGREE to the terms on this page on _____ (date)

by _____ (print name) who is:

- The Applicant The Applicant's Legal Guardian A Friend/Advocate of Applicant

SIGNED BY: _____
Applicant

Legal Guardian of Applicant
Friend/Advocate of Applicant