

CITRUS HEALTH NETWORK, INC.

Announces the Opening of the Waiting List for Buena Vista Apartments.

Buena Vista Apartments is a small, apartment complex with twenty one-bedroom apartments for persons with disabilities, located at 13555 NE 3rd Court, Miami, Florida.

The rent is subsidized by funding from U.S. Department of Housing and Urban Development (HUD). The waiting list is used to fill units with eligible tenants as the occupancies become available. Immediate availability to a unit cannot be guaranteed due to the high demand expected for these units. Applicants will be selected based on the waiting list order.

Application Process:

Citrus Health Network (CHN) shall meet with the individual that presents at CHN and is interested to apply for housing. Staff will obtain information for the individual including current housing status, past rental history, family composition, income eligibility, immigration status and other information necessary to determine initial eligibility. The individual shall be given an initial application to fill out and return to CHN with requested supportive documentation.

Upon review of the initial application, applicants will be advised of their eligibility. If the applicant meets CHN's screening criteria and there is no unit available, the applicant will be placed on a waiting list. All applicants on the waiting list shall be contacted by mail via a follow-up letter at least every six months to determine whether they remain interested in housing and would like to remain on the waiting list. If mail sent to the applicant's address is returned as "undeliverable" the applicant will be removed from the waiting list.

In order to apply you may contact the housing office at (305) 558-0151, ext. 2591 to obtain more information regarding the application process. Completed applications can be mailed, faxed, emailed or hand delivered.

Citrus Health Network, Inc. is an Equal Housing Opportunity provider. Any persons needing special accommodations or language assistance, may contact the Citrus ADA/Section 504 Coordinator, Gisela Suarez, at 305-558-0151, ext. 2353 or TTY/TDD through Florida Relay 1-800-955-8771.





BUENA VISTA VILLAS

Housing for the Elderly / Handicapped

INITIAL APPLICATION BUENA VISTA VILLAS 811 PRAC PROJECT

These are the steps that each applicant must take in order to be considered for acceptance into an Assisted Housing Program. We would like to make your application process as pleasant as possible.

If you are handicapped or disabled, or have difficulty completing this application, please advise us of your needs when you receive the application or call to schedule assistance. Applications must be filled out completely in order to be accepted for processing. **Incomplete applications will be returned.**

A) **Application Form**

All individual seeking admission into a Housing Assistance Program must submit a completed Initial Application form along with copies of all required documents, to the Housing Services Office of Citrus Health Network, Inc., 4175 West 20th Avenue, Hialeah, FL 33012.

Our eligibility process includes verification of all information you provide on the application, including criminal background check and rental housing history.

All applicants must answer all of the pertinent questions on the enclosed in the initial application form. Each individual who will be living in the unit must be listed on the application. Only those persons listed on the application form will be allowed to live in the unit.

Required Documentation:

In order to determine the eligibility of an applicant to enter a Housing Assistance Program, copies of the following documents as applicable must be submitted with the completed application form:

Florida State pictured identification or Florida Driver's License for all adult family members.

Letter of disability for any individual(s) in the household.

Proof of SSI/SSA Income or any other income in the household composition.

Birth Certificates & Social Security Cards for each member of the household.

*** U.S. Citizenship or Eligible Immigration Status** Section 214 of the Housing and Community Development Act of 1980, titled "The Noncitizen Rule" requires **all family members** to provide proof of either U.S. Citizenship or Eligible Immigration Status.

Medicare and/or Medicaid Card(s).

Criminal Background Check for each adult member in household.

Furnishing false information and/or making false statements are grounds for termination of housing assistance occupancy.

B) Interview with the Housing Applicant

Upon receiving an initial application and copies of the required documents the Independent Living Supervisor will review the application. The purpose of this review is to determine which program(s) the applicant is eligible for and best fits their need.

Applicants who are found to qualify for a program will be contacted for an interview and offered a vacant unit. In case no units are available, the applicant will be offered to be placed on the waiting list. An applicant's position of the waiting list is based on the date they were placed on the list.

Applicants are selected based on their meeting the criteria of the Housing Assistance Program as set forth by governing agency without regards to their sex, age, race, ethnic background, religious preference, sexual orientation or disability.

Persons needing special accommodations may contact Citrus Health Network, Inc. ADA Coordinator, Gisela Suarez or their housing coordinator at (305) 825-0300 or through TTY/TDD Florida Relay at 1-800-955-8771. Thank you for completing our application and we look forward to assisting you with your housing needs.



BUENA VISTA VILLAS

Housing for the Elderly / Handicapped

Date: _____

Time: _____

INITIAL APPLICATION FOR 811 PRAC BUENA VISTA VILLAS

Applicant Name: _____

Current Address: _____ Apt. Number _____

City, State, Zip Code: _____

Home Phone #: _____

LIST NAMES, ADDRESSES AND PHONE NUMBERS OF TWO RELATIVES OF FRIENDS WHO GENERALLY KNOW HOW TO CONTACT YOU:

1. Name: _____
Address: _____
Phone #: _____

2. Name: _____
Address: _____
Phone #: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

2. List the Head of Household and all other members who will be living in the assisted Unit.
Give the relationship of each family member to the head.

MEMBER #	MEMBER'S FULL NAME	RELATIONSHIP	BIRTH DATE	BIRTH PLACE	AGE	SEX	SOCIAL SECURITY
		HEAD OF HOUSE HOLD					

Do you anticipate changes in your household composition within the next 12 months? Yes No

What is your marital status? Single Married Divorced Widowed

Have you ever been know by another name? Yes No If yes, explain: _____

Are any members of your household a Student? () Yes () No
If yes, please check if they are attending () full time or () part-time.
What is the student's age? _____

Race of Head of House Hold: () White () Black () American Indian () Asian

Ethnicity of Head of House Hold: () Hispanic () Non-Hispanic

Does anyone live with you now who is not listed above ? () YES () NO

If Yes, please explain _____

Is the head or spouse of this house hold disabled ? () YES () NO

Is anyone else in the house hold disabled ? () YES () NO

Have you or anyone in your household ever been arrested or convicted of any crime other than traffic violations: () Yes () No

If yes, explain: _____

Are you or any member of your household subject to a lifetime state sex offender registration program in a state () Yes () No

If yes, explain: _____

***Note:** Failure to respond to this question may jeopardize the approval of the application.

Identify any special housing needs required as a result of the Disability

3. PAST HOUSING

Please list the addresses where you have resided for the last 3 years.

Address: _____

Landlord Name: _____

Landlord Phone #: _____

Landlord Address: _____

Address: _____

Landlord Name: _____

Landlord Phone #: _____

Landlord Address: _____

Have you or any member of your household been evicted in the last three years from federally assisted housing for drug-related criminal activity. () YES () NO

If yes, did the evicted household member successfully complete an approved, supervised drug rehabilitation program? () YES () NO

Do circumstances leading to the eviction no longer exist (e.g., the household member no longer resides with the applicant household)? () YES () NO

Have you ever been evicted or asked to move? () Yes () No

If yes, explain: _____

4. CURRENT HOUSING STATUS

How many people live in your home now ? _____ How many bedrooms do you have ? _____

Do you wish to move ? () YES () NO If yes, Why ? _____

Have you been evicted in the past 3 years from a Federally Assisted Program ? If Yes, please explain when and why?

What is your current rent ? _____ What are your monthly costs for all utilities except telephone ? _____

What is the condition of your current housing ? () Standard () Unsafe or Unhealthy () Currently without housing

Are you being displaced from your present home ? () YES () NO

If yes, please explain the circumstances _____

Current Landlord : _____ Phone Number: _____

Landlord's Address: _____

4. For each type of income that your household receives, give the source of the income and the amount of income that can be expected from that source during the next 12 months.

Family Member #	Source of Income/Type of Income	Annual Income

5. ASSETS INFORMATION

List all checking and savings accounts (including IRAS, and Certificates of Deposit) of all household member, including amount disposed of during the past two years.

Family Member	Financial Institution	Type of Account & Account #	() Checking () Saving	Current Balance

6. COMMENTS/ ADDITIONAL INFORMATION

How did you hear about our Housing Program ? Example., (H.U.D. listing, brochure, friends, relatives, other agencies)

APPLICANT CERTIFICATION:

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for Project 202/8. I/we authorize the owner to verify all information provided on this application and to contact previous landlord's or other sources for credit and verification information which may be released to appropriate Federal, State, or local agencies and my/our signature is our consent to obtain such verification.. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law.

Signature of Head: _____ Date: _____

Signature of Spouse: _____ Date: _____

Signature of Other Adult: _____ Date: _____

Signature of Northwest Dade Arts Agent/Designee _____ Date: _____
Time: _____

Public reporting burden for this collection is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and is voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Owners/management agents must obtain third party verification that a disabled individual meets the definitions for persons with disabilities for programs covered under the United States Housing ACT of 1937 are in 24 CFR 403 and for the Section 202 and Section 811 Supportive Housing for the Elderly and Persons with Disabilities in 24 CFR 891.305 and 891.505. No assurance of confidentiality is provided.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L.98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

RELEASE: I, _____ Hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

PENALTIES FOR MISUSING THIS CONSENT:

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **** Social Security Act at 208(a)(6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408(a)(6)(7) and (8).****

Equal Housing Opportunity-The Northwest Dade Arts, Inc. through it's owner and agent, Citrus Health Network, Inc. does not discriminate on the basis of age, race, color, sex, religion, national origin, familiar status or disability in compliance with the Fair Housing Act, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and the Americans with Disability Act of 1990. If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll Free Hotline at 1-800-424-8590.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Post Application Information

1. Once a preliminary review of your application has been completed and no vacant unit is available your name will be added to our waiting list.
2. Our office will send you a letter indicating your waiting list number.
3. Every (6) month you will receive from our office a follow-up letter asking you if you continue interested in staying on our waiting list.
4. You should advise us by phone, in person or in writing if you are no longer interested in our housing program.
5. You must report changes in income, family composition, telephone number and all changes must be reported in writing or in person to our housing services office located at 4175 West 20th Avenue, Hialeah, FL 33012, office #258.
6. If you move and fail to make a change of address and we try to reach you by mail, phone, or otherwise and cannot reach you, your name will be removed from the waiting list.
7. If you want to check your status in our waiting list you can either come to our office between the hours of 9:00 AM to 12:00 PM and from 2:00 PM to 5:00 PM Monday through Friday, office #258 or you may contact (305) 558-0151, ext. 2580, 2581, 2591.
8. Your rent will be calculated based on the income reported and you will be responsible for the 30% of the rent.
9. You will be prepared for a security deposit equal to one month's total tenant payment or \$50.00 whichever is greater and should be required at the time of execution of the lease agreement .
10. Refundable pet deposit. A pet deposit will be charged for either a dog or cat. The deposit is \$300.00. The initial payment toward this deposit shall be \$50.00 and subsequent payments of \$10.00 per month shall be made until the full deposit of \$300.00 is collected. Tenants must abide by Northwest Dade Arts pet policy prior to bringing pets to their unit.

If you need additional information, please do not hesitate to contact us at:

Buena Vista Villas through its owner
and agent Citrus Health Network, Inc.
4175 West 20th Avenue
Hialeah, FL 33012