



# The Hacienda Inc.

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To Applicant:

Please complete the Hacienda Application and the Hacienda Questionnaire. The following information will help you in the application process:

- The term "head of the household" refers to the individual who will be living at Hacienda.
- When supplying income amounts, please use annual, gross amounts.
- Feel free to enlist the help of a friend, family member, counselor or case manager, if you have any questions.
- Return the application as soon as possible. The applications are put on the waiting list in the order they are received.
- All applications are reviewed by the Tenant Selection Committee. A letter will be sent to you to inform you of your status. Filling out an application does not guarantee admission. We will contact you periodically to update you of your status on the list. If you should move, please provide me with a new address and phone number.
- Once an appropriate unit becomes available, you will be notified and asked to schedule an interview. The interview will then determine if you will be accepted into Hacienda.

Applicants may return their application the following ways:

- Drop off at 237 Fernwood Blvd, Fern Park FL 32730
- By fax 407-831-0195
- Scan and email to [jodi.hasel@aspirehp.org](mailto:jodi.hasel@aspirehp.org)

If you have any questions, please contact me at 407-875-3700 ext 1270.

Sincerely,

Jodi Hasel, MSW  
Housing Coordinator



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225 S. Wayman Street • Longwood, Florida 32750

Phone: 407-321-3170 • TTY: 800-955-8771

**APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE  
THE HACIENDA, INC.**

APPLICANT NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

1. Do you or anyone in your household currently engage in use of a controlled substance?  
 Yes  No If yes, please specify household member \_\_\_\_\_
  
2. Are you or anyone in your household subject to a state lifetime registration requirement for sex offenders?  
 Yes  No If yes, please identify household member \_\_\_\_\_

List the Head of Household and all other members who will be living in the unit. Give the relations of each family member to the head of household.

MEMBER NO.	MEMBERS FULL NAME	RELATIONSHIP	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.

3. Is anyone a Veteran of the armed forces:  Yes  No If yes, who? \_\_\_\_\_
  
4. Does anyone live with you now who is not listed above:  Yes  No
  
5. Do you expect a change on your household composition?  Yes  No  
 Explain if you answered yes to either question: \_\_\_\_\_  
 \_\_\_\_\_
  
6. Does the head of household or spouse meet the definition of a person with a mental disability?  
 Yes  No (For program and unit eligibility purposes)
  
7. Please identify any special housing needs your household has: \_\_\_\_\_  
 \_\_\_\_\_
  
8. Are you now living in a subsidized housing unit?  Yes  No If yes:  
 Name of Complex: \_\_\_\_\_  
 Name of Manager: \_\_\_\_\_  
 Manager's Telephone Number: \_\_\_\_\_

**ASSETS**

1. List all checking and savings accounts (including IRA's, Keogh accounts, CD's or Direct Express debit accounts) of all household members:

MEMBER NO.	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

2. List all pensions, stocks, bonds, trusts or other assets and their value, owned by any household member:
3. List any assets disposed of for less than their fair market value during the past two years:

**EXPENSES**

Yes  No

Do you have expenses for child care of a child aged 12 or younger?  
If yes, provide the name, address and telephone number of the care provider:

\_\_\_\_\_

What does the child care cost you weekly? \_\_\_\_\_

Yes  No

Do you pay a care attendant or for any equipment for any disabled household member(s) necessary to permit that person or someone else in the household to work? If you pay a care attendant, provide their name, address and telephone number:

What is the cost to you for the care attendant and/or the equipment? \_\_\_\_\_

Yes  No

Do you have Medicare? If yes, what is your monthly premium? \_\_\_\_\_

Yes  No

Do you have any other kind of medical insurance? If yes answer the following questions:  
Provide name and address of carrier, policy number and premium amount:

Yes  No

Do you have outstanding medical bills? If yes, list them below.

What medical expenses do you expect to incur in the next twelve months?

If you use the same pharmacy regularly, please provide the name and address:



**PREVIOUS RENTAL HISTORY**

Name and Address of your **Present** Landlord:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

How Long Have You Lived There? \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name and Address of your **Former** Landlord:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

How Long Have You Lived There? \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Name and Address of Head's Present Employment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

How Long did you work there? \_\_\_\_\_

Name and Address of Spouse's or Co-Head's Employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

How Long did you work there? \_\_\_\_\_

**APPLICANT CERTIFICATION:**

I/We certify that if selected to receive assistance, 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. I/We authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords, other sources of credit and criminal history and verification information which may be released to appropriate Federal, State, or Local Agencies. 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/Co-Head: \_\_\_\_\_

Date: \_\_\_\_\_

Owner/Manager/Representative: \_\_\_\_\_

Date: \_\_\_\_\_

# THE HACIENDA QUESTIONNAIRE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_  
Phone: \_\_\_\_\_ Sex: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_

1. How were you referred to Hacienda? (example: Seminole Behavioral Healthcare, NAMI)  
\_\_\_\_\_
2. Do you have a Case Manager?  Yes  No If yes, list name: \_\_\_\_\_
3. Do you attend a Day Treatment or Vocational Program?  Yes  No If yes, where? \_\_\_\_\_
4. Are you employed?  Yes  No If yes, name of company: \_\_\_\_\_
5. Do you attend school?  Yes  No If yes, where? \_\_\_\_\_
6. Have you ever lived in a Residential Treatment Facility?  Yes  No  
If yes, where? \_\_\_\_\_ How long? \_\_\_\_\_
7. Have you ever lived in an Assisted Living Facility?  Yes  No
8. Have you ever lived in an apartment?  Yes  No  
If yes, where? \_\_\_\_\_ How long? \_\_\_\_\_
9. How many times have you been in the hospital because of symptoms of your mental illness? \_\_\_\_\_  
List by date, year and length of stay: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Do you have any physical problems?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Do you have a current driver's license?  Yes  No If yes, State: \_\_\_\_\_  
License number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
12. Do you own a car?  Yes  No If yes, model/year: \_\_\_\_\_ Tag #: \_\_\_\_\_
13. Do you have car insurance?  Yes  No If yes, what is the name of the Company and Policy #?  
\_\_\_\_\_

14. What independent living skills do you possess? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Why do you want to move into Hacienda? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Do you have a history of substance abuse?  Yes  No If yes, do you attend AA, NA or are you presently in treatment? \_\_\_\_\_

17. Have you ever been convicted of a crime?  Yes  No (A criminal background check will be done prior to your acceptance.) If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

18. If accepted into Hacienda, how do you plan to spend your daytime hours? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Please circle where you live at the present:  
1. Family home      2. ALF      3. Foster home      4. Residential Treatment Facility  
5. Own apartment      6. Condominium      7. Substance Abuse Facility      8. Other

20. Please rate yourself from 1 to 4 on the following:

Rate Scale:    1 Unable to do  
                  2 Need assistance most of the time  
                  3 Need assistance some of the time  
                  4 Need no assistance

1. \_\_\_\_\_ Are you able to manage your own finances (i.e. monthly budget, checking and savings accounts)?
2. \_\_\_\_\_ Are you able to cook for yourself?
3. \_\_\_\_\_ Are you able to clean your room, apartment or home?
4. \_\_\_\_\_ Are you able to order your own medication?
5. \_\_\_\_\_ Are you able to get yourself up in the morning?
6. \_\_\_\_\_ Are you able to wash your own clothing?
7. \_\_\_\_\_ Are you able to utilize the public transportation system?
8. \_\_\_\_\_ Are you able to make your own doctor appointments?
9. \_\_\_\_\_ Are you able to tend to personal hygiene issues?
10. \_\_\_\_\_ Are you able to socialize with peers?

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 03/31/2014)

**The Hacienda Apts FL29Q951010**

225 S. Wayman St. Longwood, FL 32750

Name of Property

Project No.

Address of Property

**The Hacienda, Inc.**

**PRAC 811**

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories	
Hispanic or Latino	
Not-Hispanic or Latino	
Race Categories	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Public reporting burden for this collection is estimated to average 10 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 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.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
  1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
  2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
  1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
  3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
  4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

## Verification of Disability

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### APPENDIX 6-B: SAMPLE VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION OR QUALIFICATION FOR CERTAIN INCOME DEDUCTIONS IS BASED ON DISABILITY

#### FOR USE WITH SECTION 202/8, SECTION 202 PAC, Section 202 PRAC, AND SECTION 811 PRAC

DATE:

TO: (Name and address of third party  
who is being requested to verify  
this information)  
*The Hacienda, Inc.*

FROM: (Name of individual  
requesting the information,  
title, name of the housing project,  
address)

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE (or other instructions to the third party to ensure that the verification is returned to the right person. This is important because owners have a responsibility to treat this information confidentially.)

SUBJECT: Verification of Disability

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown above.

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### INFORMATION BEING REQUESTED

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

## Sample Verification of Disability

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1.  YES  NO

Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.

2.  YES  NO

Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:

- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- b. Is manifested before the person attains age 22;
- c. Is likely to continue indefinitely;
- d. Results in substantial functional limitation in three or more of the following areas of major life activity;
  - (1) Self-care,
  - (2) Receptive and expressive language,
  - (3) Learning,
  - (4) Mobility,
  - (5) Self-direction,
  - (6) Capacity for independent living, and
  - (7) Economic self-sufficiency; and
- e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

3.  YES  NO

Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

## Sample Verification of Disability

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4.  YES  NO Is a person whose sole impairment is alcoholism or drug addiction.

\_\_\_\_\_  
NAME AND TITLE OF PERSON  
SUPPLYING THE INFORMATION

\_\_\_\_\_  
FIRM/ORGANIZATION

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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**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 definition for persons with disabilities for the program governing the housing where the individual is applying to live. 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.

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).

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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.

## **Sample Verification of Disability**

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### **PENALTIES FOR MISUSING THIS CONSENT:**

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 uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes 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). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).

