

HERNANDO COUNTY HOUSING AUTHORITY  
 621 West Jefferson Street, Brooksville, FL 34601  
 PHONE (352) 754-4160  
 NEIGHBORHOOD STABILIZATION VERY LOW-INCOME SET ASIDE PROGRAM  
 WAITING LIST APPLICATION  
COMPLETE ALL PAGES IN BLACK OR BLUE INK AND PRINT



LEGIBLY RETURN VIA MAIL TO ABOVE ADDRESS

HEAD OF HOUSEHOLD INFORMATION

\_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_  
 First Name MI Last Name

Marital Status \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
 \*Mailing Address (Street Number, Name, City, State and Zip Code)

\_\_\_\_\_  
 \*Legal Address (if different than mailing address)

**\*If your mailing or legal address changes you must notify this office in writing to maintain your waiting list status.**

**HOUSEHOLD INFORMATION:** Including the Head of Household list information for all adults first, then children under age 18. Use "F" or "M" to indicate sex. If a household member qualifies for disability benefits use "Y" if not use "N". List relationship of each person to the Head of Household. Attach additional sheet if household has more than eight members.

| First Name | MI | Last | Social Security # | Date of Birth | Sex | Disabled | Relationship |
|------------|----|------|-------------------|---------------|-----|----------|--------------|
|            |    |      |                   |               |     |          |              |
|            |    |      |                   |               |     |          |              |
|            |    |      |                   |               |     |          |              |
|            |    |      |                   |               |     |          |              |
|            |    |      |                   |               |     |          |              |
|            |    |      |                   |               |     |          |              |
|            |    |      |                   |               |     |          |              |
|            |    |      |                   |               |     |          |              |

Date: \_\_\_\_\_ Application Reviewed By: \_\_\_\_\_ Reviewer Initials: \_\_\_\_\_

Revised 5/02/2022

**HERNANDO COUNTY HOUSING AUTHORITY  
 NEIGHBORHOOD STABILIZATION VERY LOW-INCOME SET ASIDE PROGRAM  
 WAITING LIST APPLICATION**



This program will assist eligible tenants who are interested in leasing a home as their primary residence in Hernando County by providing Housing opportunities at an affordable market rate for the long term. The following requirements and activities apply under this NSP funded leasing program:

**Potential recipients must become a primary resident of Hernando County, Florida. All applicants must meet the minimum Section 8 HUD approved income limits and provide documentation to prove eligibility. Hernando county residents have priority in the selection process.**

**Hernando County FY 2021 Income Limit Category**

| Median   | Very Low | 1        | 2        | 3        | 4        | 5        | 6        |
|----------|----------|----------|----------|----------|----------|----------|----------|
| \$82,100 | (50%)    | \$28,750 | \$32,850 | \$36,950 | \$41,050 | \$44,350 | \$47,650 |
|          |          |          |          |          |          |          |          |

**Tenant Selection Criteria**

1. Applicants are offered program assistance on a first come, first approved basis using the date and time the completed and signed application is received by management and approved.
2. At time of "formal" application a nonrefundable \$55 application fee is requested per adult applicant. Should disclosure of information or a need for other household member's background or credit check need verifying, there will be an additional \$25.00 fee per person.
3. All gross annual household income and assets must be disclosed and documented or verified before move-in.
4. Applicants must meet the Section 8 HUD program income eligibility requirements in order to be considered for resident selection. Applicants will be considered ineligible if the gross annual income is greater than the maximum applicable income limit.
5. Applicants must have satisfactory credit references, be able to document good landlord or mortgagor reference for five years preceding the date of move-in.
6. Applicants must have legal capacity to enter into a written one-year lease contract.
7. Applicants shall not currently be engaging in the illegal use of controlled substance. Applicants shall not have been convicted of the illegal manufacture or distribution of a controlled substance. Applicants may be rejected for convictions of fraud, theft, drugs, assault and battery or any violent crimes, misdemeanors or for numerous convictions of illegal activity.
8. Applicants must have sufficient income to qualify for move in. Sufficient income is determined by Hernando County Housing Authority.
9. A refundable \$750.00 security deposit must be paid on or before the move-in date. Any prorated or first month's rent must be received, and all lease forms must be signed before management will provide resident the keys.
10. Rejected applicants will be notified in writing of the reason for rejection and their right to appeal.

**Equal Housing Opportunity**

Hernando County Housing Authority offers equal housing opportunities to all applicants without regard to race, color, national origin, religion, sex, handicap, or familial status. Anyone who feels that he or she has been discriminated against may file a complaint of housing discrimination at 1-800-442-8590 (toll free) or 1-800- 424-8529 (TDD). Complaints of discrimination may be forwarded to U.S. Department of Housing and Urban Development, assistant Secretary for Fair Housing and Equal opportunity, Washington, D. C. 20410

**APPLICANT /CO-APPLICANT GENERAL INFORMATION:**

**Applicant Name:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State and Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternate Phone (Cell/Other):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Check One:** Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Widow \_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State and Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternate Phone (Cell/Other):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Check One:** Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Widow \_\_\_\_

**Gross Annual Household Income** \$ \_\_\_\_\_  
(Total income of **ALL** household members)

**HOUSEHOLD COMPOSITION:**

LIST ALL HOUSEHOLD MEMBERS (INCLUDING APPLICANT/CO-APPLICANT)

|   | NAME | AGE | SEX | RACE: (W/B/A/NA/O)<br>ETHNICITY:<br>HISPANIC/NON-HISPANIC |
|---|------|-----|-----|---|
| 1 |      |     |     |   |
| 2 |      |     |     |   |
| 3 |      |     |     |   |
| 4 |      |     |     |   |
| 5 |      |     |     |   |
| 6 |      |     |     |   |
| 7 |      |     |     |   |
| 8 |      |     |     |   |

**CONFLICTS OF INTEREST:**

Are you related to any member of the County Commission, Advisory Committee, County employees?  Yes  No (If YES, please list the names of all that you are related:)

|    |  |
|----|--|
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

## APPLICANT CERTIFICATION

### Please Initial each:

- The application information, which I have provided, is true and complete to the best of my knowledge.
- I consent to the disclosure of any information for the purpose of verification of income and expenses related to making a determination of my eligibility for program assistance.
- I agree to provide any documentation needed to assist in determining my eligibility for program assistance and to keep my address and contact information updated.
- I understand that if this application for assistance is approved, such approval is conditioned upon my eligibility on the day that assistance is provided.
- I understand that my application and supporting documentation, including income documentation are open to the public in accordance with Florida's Public Records Law, Chapter 119, Florida Statutes (however those items which are expressly exempt from the public record by statute, such as your social security number, will be separately maintained).
- I understand that if I am found to be qualified to participate in the County NSP program and am eligible to receive assistance from either of the said programs that I and any member of my family or any person that will benefit from this assistance may be subject to a background check consisting of a criminal history check and a sex offender registry check to be used solely to ensure that the person or persons are eligible to receive assistance from programs that are HUD funded.

***(Note: Only certain criminal convictions may result in a denial of your application depending upon the type of assistance applied for and the applicable federal regulations.)***

- My/Our signature below indicates that I/We am/are obligated to advise the Hernando County NSP Program Administrator of all changes in my/our income and household size and address. A change in household size and/or income may disqualify me/us from receiving NSP assistance.

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Applicant's Signature

Co-Applicant's Signature

Date

All applications must be submitted to:  
Hernando County Housing Authority  
621 West Jefferson Street  
Brooksville, FL 34601  
(352) 754-4160



***Equal Housing Opportunity Statement: We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.***