

**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: \_\_\_\_\_  
Attach Current Photograph: \_\_\_\_\_

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 legally 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     Developmentally and Intellectually Disabled  
 Prader-Willi       Spina Bifida       Emotional Behavior Disability

Other (specify) \_\_\_\_\_

Attach copy of most recent Psychological Evaluation \_\_\_\_\_

III.

Levels of Independence:

Are you (the applicant) currently:

Receiving Medicaid Home & Community Based Waiver Services?  Yes  No Don't Know

On the waiting list for support services through the APD?  Yes  No Don't Know

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:

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Physician's Name, Address & Phone Number: \_\_\_\_\_

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?

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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): \_\_\_\_\_

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

If yes, describe in detail: \_\_\_\_\_

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VI. Personal References:

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

Who is going to take responsibility for the individual? \_\_\_\_\_

Where will this person live? \_\_\_\_\_

VII. Financial Information:

Do you (the applicant) currently have a Special Needs Trust?  Yes  No  Don't know

Monthly income from employment. \$ \_\_\_\_\_

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

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

Total Monthly Income \$ \_\_\_\_\_

Attach copy of End of Year Financial Income Statement(s) \_\_\_\_\_

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): \_\_\_\_\_ To (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".

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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
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- 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: \_\_\_\_\_

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XII. Expectations:

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

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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 nonrefundable 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

Revised: 01/31/16



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 on-going 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.

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

Revised: 01/31/16