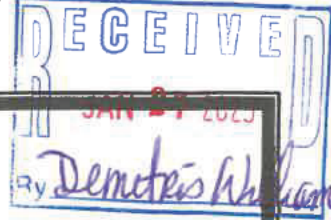


HERNANDO COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARD/COMMITTEE APPLICATION



Please type or print clearly

Name of Board/Committee CITIZEN ADVISORY TASK FORCE

Check one:



Full Member Position



Alternate Member Position

Name MICHAEL J. NEWMAN JR

(Your name must be listed as it appears on your voter registration card)

THE FOLLOWING INFORMATION IS REQUIRED FOR COUNTY RECORDS AND BECOMES PUBLIC RECORD UPON SUBMITTING THIS APPLICATION. IF YOU BELIEVE THAT YOU QUALIFY FOR AN EXEMPTION TO THE RELEASE OF THIS INFORMATION, PURSUANT TO F.S. 119.07, PLEASE STATE THE BASIS OF YOUR EXEMPTION. YOUR FAILURE TO ANSWER FULLY AND TRUTHFULLY ALL QUESTIONS COULD RESULT IN YOUR APPLICATION BEING DENIED OR YOUR SUBSEQUENT REMOVAL FROM ANY BOARD/COMMITTEE IF APPOINTED.

Address 2139 WHITEWOOD AVENUE

City SPRING HILL, FLORIDA Zip 34609-5056

Telephone 352-200-4971 (home) 631-645-7144 (business)

E-mail address LNEWMAN15@TANDABAY.FRR.COM

Are you a resident of Hernando County? YES

Voter Registration Number 104418794

Education SOME COLLEGE, ARMY VET 10 YRS, CDL

(Please include any certificates, awards, diplomas, degrees, professional license numbers, etc.)

Employment History D.A.B. CONSTRUCTORS 9 YRS, LAWNMOWER DOCTOR 5 YRS
(Attach a resume if available)
GENERAL AUTO, 5 YRS (RETIRED)

Licenses or Certificates Held CDL

Have you ever previously applied for a position on any County Board/Committee? NO

If yes, please state the Board(s)/Committee(s) you applied for, when you applied, and whether you were appointed.

Have you ever been convicted, plead guilty or no contest, or entered into PTI for a felony or 1st/2nd degree misdemeanor? NO

Answering yes does not automatically disqualify you for consideration.

If yes, what charges? N/A

Are you currently involved as a defendant in a criminal case? NO

If yes, what charges? N/A

Have you ever been named as a defendant in a civil action suit? NO

If yes, when and describe action. N/A

Please state your reasons for applying to this Board/Committee WANT TO HELP MY
COMMUNITY BE AN ALL AROUND BETTER PLACE, WHEREVER I CAN.

Please list three character references of persons NOT related to, NOT an employer, NOT an employee of you or your company, and whom you have known at least one (1) year. Please include addresses and phone numbers.

1. RYAN BODIFORD 352 746 2522
2. WAYNE PETERSON 352 279 2259
3. DAVID WHIFMAN 352 584 5711

I hereby request consideration as a committee/board appointee. It is my intention to familiarize myself to the duties and responsibilities of the office to which I may be appointed, and to fulfill the appointment to the best of my ability, exercising good judgement, fairness, impartiality, and faithful attendance. By my signature below, I hereby authorize Hernando County to check my references and my background, including, without limitation, obtaining a criminal history check. I also agree to file a Financial Disclosure form as required by State law, if applicable, and abide by provisions of the State Sunshine Law.

I hereby swear and affirm, under Penalty of Perjury, that the above information is true and correct.

Applicant's signature Michael J. Newman

(Please direct all inquiries to the County Administrator's Office at 754-4002.)

Completed applications may be submitted to the County Administrator's office, 15470 Flight Path Drive, Brooksville, Florida 34604, or faxed to 352-754-4025 Attention: Jessica Wright.

PRINT FORM

CLEAR FORM



Hernando County Background Consent / Release Form

As a volunteer applicant, I understand and acknowledge that an investigative report may be compiled on me. This report may include information regarding any criminal records, and from various public and private sources including law enforcement agencies at the Federal, State or County level, courts record repositories, sexual offender registries and any other source required to verify information that I have voluntarily provided.

Legal Name: MICHAEL JOSEPH NEWMAN JR
Date of Birth: SEPTEMBER 11, 1958
Other Names Used: NONE
(Legal Name) First M.I. Last

Dates Used (from/to): _____
Home Phone #: 352-200-4971
Cell Phone #: 631-645-7144
E-mail Address: LNEWMAN15@TAMPABAY.RR.COM
Are you 18 years of age or older? ☒ Yes ☐ No

Current Address: 2139 WHITEWOOD AVENUE
City, State, Zip: SPRING HILL, FLORIDA 34609-5056
Time at this address: 19 Years 5 Month
Previous Address: 5 HIGHVIEW LANE
City, State, Zip: RIDGE, NEW YORK
Time at this address 5 Years 7 Month

By signing below, you hereby authorize, empower and release from all liability, without reservation, any agency contacted by Hernando County to furnish the above-mentioned information. You further authorize ongoing procurement of the above-mentioned information at any time during your relationship with Hernando County. You agree that a fax or photocopy of this authorization is to be considered and accepted with the same authority as the original.

Michael J Newman Jr JANUARY 27, 2025
Applicant's Signature Date

Section I

Local Government: Hernando County		Map Key #: N/A	Service Area #: N/A	Description of Unit: N/A	
Name: Michael J. Newman, Jr.	☐ Rent ☐ Own	Street Address: 2139 Whitewood Drive		City: Spring Hill	Date of Survey: 09242025

Section II

(Circle the total household size and then answer whether total household income is or is not within each of the three ranges.)

Number of Persons in Household	2 Income Range (Moderate)	Is Total Household Income within this Range?	4 Income Range (Low)	Is Total Household Income within this Range?	6 Income Range (Very Low)	Is Total Household Income within this Range?
1	0 - \$87,600	☐ Yes ☐ No	0 - \$58,450	☐ Yes ☐ No	0 - \$36,500	☐ Yes ☐ No
2	0 - \$100,080	☐ Yes ☐ No	0 - \$66,800	☐ Yes ☐ No	0 - \$41,700	☒ Yes ☐ No
3	0 - \$112,680	☐ Yes ☐ No	0 - \$75,150	☐ Yes ☐ No	0 - \$46,950	☐ Yes ☐ No
4	0 - \$125,160	☐ Yes ☐ No	0 - \$83,450	☐ Yes ☐ No	0 - \$52,150	☐ Yes ☐ No
5	0 - \$135,240	☐ Yes ☐ No	0 - \$90,150	☐ Yes ☐ No	0 - \$56,350	☐ Yes ☐ No
6	0 - \$145,200	☐ Yes ☐ No	0 - \$96,850	☐ Yes ☐ No	0 - \$60,500	☐ Yes ☐ No
7	0 - \$155,280	☐ Yes ☐ No	0 - \$103,500	☐ Yes ☐ No	0 - \$64,700	☐ Yes ☐ No
8	0 - \$165,240	☐ Yes ☐ No	0 - \$110,200	☐ Yes ☐ No	0 - \$68,850	☐ Yes ☐ No
	0 - \$	☐ Yes ☐ No	0 - \$	☐ Yes ☐ No	0 - \$	☐ Yes ☐ No

Note: For households of more than 8 persons, insert the household size and the correct income range for each of the three income levels in the appropriate boxes in the bottom row. Income data is available from the following website: <http://www.huduser.org/portal/datasets/il.html>

Section III				
Indicate how many people in each of the following categories reside in the household. Some household members may need to be counted in more than one category.	Female Head of Household	Handicapped	Elderly (60+)	
			X	
Indicate race and ethnicity below:				
Race	Total	# of Hispanic Ethnicity	For Housing Grants Only	
			# Units Owner Occupied	# Units Renter Occupied
White	X			
Black/African American				
Asian				
American Indian or Alaskan Native				
Native Hawaiian Pacific Islander				
American Indian/Alaskan Native and White				
Asian and White				
Black/African American and White				
American Indian/Alaskan Native and Black/African American				
Other Multi-Racial				
Totals				

Certification: I, the undersigned, certify that the information stated in this form is true and accurately reflects the household composition and income data as presented to me by the occupant. Additionally, if the proposed project includes water or sewer system improvements, each household has been advised that they may be required to hook up to any sewer or water facilities constructed as a part of this project and of any estimated costs or monthly fees associated with such hook up.

Interviewer: Velvet Burris

Date: 09/24/2025