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By Demetrius Williams

# HERNANDO COUNTY
# BOARD OF COUNTY COMMISSIONERS
# BOARD/COMMITTEE APPLICATION

Please type or print clearly

**Name of Board/Committee** Affordable Housing

**Check one:** ☑ **Full Member Position** ☐ **Alternate Member Position**

**Name** Elizabeth Powanda
(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** 15057 Middle Fairway DR

**City** Spring Hill FL **Zip** 34609

**Telephone** 3522386817 **(home)** _____ **(business)**

**E-mail address** bethpowanda@gmail.com

**Are you a resident of Hernando County?** yes

**Voter Registration Number** 104498233

**Education** HS diploma and 2 years college
(Please include any certificates, awards, diplomas, degrees, professional license numbers, etc.)
Real Estate sale SL 697904

**Employment History** Self Employed Realtor Independant contractor for Homan Realty Group Current
(Attach a resume if available)
26 years as a local Realtor RE/Max Marketing Specialist, Keller Williams Realty Previous

**Licenses or Certificates Held** Real Estate Sales SL 697904

**Have you ever previously applied for a position on any County Board/Committee?** yes

**If yes, please state the Board(s)/Committee(s) you applied for, when you applied, and whether you were appointed.**
Affordable Housing 2024 & 2025

**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?** _____

**Are you currently involved as a defendant in a criminal case?** no

**If yes, what charges?** _____

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

**If yes, when and describe action.** _____

Please state your reasons for applying to this Board/Committee Just getting to understand the way it all works

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. Sarah Duncan 3527411718 4609 Larkenheath Dr Spring Hill, FL 34609
2. Richard Sanvenero 3522637829- 9052 Jericho Rd Weeki Wachee, FL 34613
3. Colleen Millett 3527773055 4303 Breamere Dr Spring Hill Fl 34609

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

(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 email Administration@co.hernando.fl.us.

# 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.

## PERSONAL INFORMATION

Legal Name: Elizabeth Powanda

Date of Birth: 7-6-62

Other Names Used: Caselli A. Elizabeth
(Legal Name) First M.I. Last

Dates Used (from/to):

Home Phone #: 352 593 4531

Cell Phone #:

E-mail Address: bpowanda@tampabay.rr.com

Are you 18 years of age or older? ☒ Yes ☐ No

## GEOGRAPHIC INFORMATION

Current Address: 15057 Middle Fairway DR

City, State, Zip : Spring Hill FL

Time at this address: 13 Years 8 Month

Previous Address: 5255 Elwood Rd

City, State, Zip : Spring Hill FL 34608

Time at this address 17 Years 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.

Elizabeth Powanda — 1/13/26

Applicant's Signature — Date