



# Community Land Trust of Palm Beach County, Inc.

## DAVIS LANDINGS RENTAL INTAKE DOCUMENT CHECKLIST

**NOTICE: Please provide staff with a completed legible copy of all items mentioned below. INCOMPLETE PACKETS WILL NOT BE ACCEPTED. Additional Information may be required based upon individual circumstances.**

- Davis Landings Rental Application completed signed and dated (**Note: Spouses apply as Co-Applicant**)
- Valid Photo Identification for ALL ADULT Household Members. (**18 years and older**)
- Social Security Cards for ALL Household Members
- One Month of Paystubs for ALL Employed Household Members.  
(**Monthly = 1 Paystub, Bi-weekly = 2 Paystubs, and Weekly = 4 Paystubs**)
- Wage Earner Statement for non-working Adults and Students over the age of 18  
(**This may be obtained from the Social Security office**)
- 3 Years Income Tax Returns with W2's for ALL HOUSEHOLD MEMBERS**  
(**Signed with all Schedules & Attachments**)
- Self Employed** Applicant or Co-applicant
  - YTD Profit & Loss Statement - Prepared by a \*Third Party (**\*Qualified Tax Preparer**) Signed and Dated with the Preparer's contact information
  - 3 Years Tax Returns - Signed (**Most recent consecutive years with all Schedules & Attachments**)
- Documentation of "Other" Household Income, including ALL Household Members
  - SSI or SSDI  Pension
  - Unemployment  Other Recurring Contributions
- Court Ordered Child Support Payments Print-out from Dept. of Revenue  
(**Child Support Documentation for ALL children in household**)
- Six (6) most recent consecutive bank statements, all pages, front and back (**All Accounts**)
  - Checking Account  Savings Account
- Most recent financial statement, all pages, front and back (**For all accounts that apply**)
  - IRA  401K or 403B
  - Money Market  Stocks  Bonds  Other
- Evidence of Legal Residency for ALL Household Members: US Birth Certificates, US Passport, Naturalization Certificate, (**Letter of Guardianship for all MINOR Household Members**)
- Full-time students 18 years and older must provide a copy of current school enrollment and transcripts.
- If Honorably Discharged Veteran, provide copy of DD214.
- Signed Verification Forms for: Employment, Assets and Rent (for two years).

Community Land Trust of Palm Beach County, Inc.

**VERIFICATION OF RENTAL HISTORY**

The Community Land Trust of Palm Beach County, Inc. is requesting verification of rental history for the individual named below, who states they are a present or former tenant.

Please complete the information and fax it to: **Lisa Delhomme at 1-888-809-7162.**

Thank you for your cooperation!

I HEREBY AUTHORIZE YOU TO RELEASE INFORMATION REGARDING MY TENANCY TO THE COMMUNITY LAND TRUST OF PALM BEACH COUNTY, INC.	
_____	_____
Tenant Signature	Date

Rental history for: \_\_\_\_\_

Move in date: \_\_\_\_\_ Move out: \_\_\_\_\_ Monthly rent \$ \_\_\_\_\_

Address of rental unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Was rent paid in a timely manner?      \_\_\_ Yes      \_\_\_ No

Number of late payments?      \_\_\_ Yes      \_\_\_ No

Did they comply with policies and rules?      \_\_\_ Yes      \_\_\_ No

Any legal proceedings filed?      \_\_\_ Yes      \_\_\_ No

Overall rating as a tenant (good, fair, poor, explain) \_\_\_\_\_

Name of person providing information: \_\_\_\_\_

Title: \_\_\_\_\_ Contact information: \_\_\_\_\_

**REQUEST FOR VERIFICATION OF  
DEPOSIT**

**TO:**

<b>Name:</b>	
<b>Address:</b>	

**FROM:**

<b>Name:</b>	Tanya Ward Benjamin, NSP2 Housing Coordinator	
<b>Address:</b>	Community Land Trust of Palm Beach County, Inc. 2240 Palm Beach Lakes Blvd., Suite 302 West Palm Beach, FL 33409	
<b>Phone:</b>	(561) 249-6053	<b>FAX: 1-888-809-7162</b>

**APPLICANT INFORMATION:**

<b>Name(s):</b>	
<b>Address:</b>	
<b>Soc. Sec. No:</b>	

**NOTE TO VERIFYING AGENCY:**

The applicant(s) identified herein has applied for housing assistance under a federally assisted program administered by this office. The information requested in this verification is for the confidential use of this agency and the State Housing Initiatives Partnership Program. Please furnish the information requested below and return this form to the address indicated above. **A self-addressed stamped envelope is enclosed for this purpose.**

**AUTHORIZATION BY APPLICANT(S):**

I/We hereby authorize release of the requested information:

_____	_____
Name	Signature
Date	
_____	_____
Name	Signature
Date	

**DEPOSIT DATA (please complete):**

TYPE OF ACCOUNT	ACCOUNT NUMBER	OPENING DATE	CURRENT BALANCE	AVERAGE BALANCE (Previous 3 months)	AVERAGE INTEREST (Previous 3 months)
Checking			\$	\$	\$
Savings			\$	\$	\$
			\$	\$	\$

**Information provided by:**

_____	_____	_____
Print Name & Title	Signature	Date

### THIRD-PARTY VERIFICATION OF EMPLOYMENT

**Note to Employer: The individual listed below is applying for housing assistance. The information you provide will assist us in determining the applicant's eligibility for the program. Please provide information about anticipated employment income during the next 12 months only.**

State and/or Federal Regulations require us to verify employment history and income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

**AUTHORIZATION:**I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Social Security Number

\_\_\_\_\_  
Date

**PLEASE RETURN INFORMATION TO:**

Name: **Tanya Ward Benjamin** Title: **NSP2 Housing Coordinator** Phone: **561-249-6053** Fax: **(888)809-7162**

Department: **Community Land Trust of Palm Beach County, Inc.**

Address: **2240 Palm Beach Lakes Blvd., Suite 302, West Palm Beach, FL 33409** ATTN: \_\_\_\_\_

Name of Employer \_\_\_\_\_ Position: \_\_\_\_\_

Employer's Address \_\_\_\_\_ Date of hire: \_\_\_\_\_

Probability of continued employment (*please circle one*): YES or NO Number of hours worked per week \_\_\_\_\_

Current Pay Rate: \$ \_\_\_\_\_ Pay Frequency (*WEEKLY / Bi-Weekly / MONTHLY*): Fulltime / Part-time \_\_\_ hrs per \_\_\_\_\_

Total anticipated Annual Base Pay Earnings over the next 12 months: \$ \_\_\_\_\_

Overtime Pay Rate: \$ \_\_\_\_\_ Expected overtime hours during next 12 months, based on Avg. \_\_\_ hrs per \_\_\_\_\_

Total anticipated Overtime Earnings the next 12 months: \$ \_\_\_\_\_ Consistency (Regular / Occasional)

Probability and expected date of any pay increase \_\_\_\_\_ Anticipated NEW rate of pay \$ \_\_\_\_\_

Amount of Other Compensation anticipated during the next 12 months (*bonus, commission, tips*): \$ \_\_\_\_\_

Frequency of Other Compensation, if applicable (*please circle one*) *WEEKLY / BI-WEEKLY / MONTHLY / ANNUALLY*

Vacation Pay (*please circle one*): YES or NO If yes, number of days: \_\_\_\_\_

Retirement Account (*please circle one*): YES or NO Amount Accessible to Employee: \$ \_\_\_\_\_

Penalty for withdrawal (*please circle one*): YES or NO Penalty Amount/Percentage \_\_\_\_\_

Total anticipated Gross Annual Income (*including all other compensation*) over next 12 months: \$ \_\_\_\_\_

Total Gross Income Earned in 20\_\_ : \$ \_\_\_\_\_ Total Gross Income Earned in 20\_\_ : \$ \_\_\_\_\_

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.

### THIRD-PARTY VERIFICATION OF EMPLOYMENT

**EMPLOYER COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

Signature of authorized representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*NOTE: For ALL applicable Household Members 18 years or over, obtain a signed copy of this form for each verification to be completed. Send form directly to the appropriate employment source; do not send form through applicant. Upon receiving verification, date-stamp, and compare information to that received on application. Make any necessary notations, date and initial. If significant differences exist between amount reported and verified, obtain a written explanation from applicant and attach to file.*

**WARNING:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.