



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
 - Money Market
 - 401K or 403B
 - 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:

Name:	
Address:	

FROM:

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

APPLICANT INFORMATION:

Name(s):	
Address:	
Soc. Sec. No:	

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.

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