

## DAVIS LANDINGS RENTAL APPLICATION FORM

Date (mm/dd/yyyy):		
<b>APPLICANT NAME:</b>		
Date of Birth (mm/dd/yyyy):		
Driver's License Number:		
Social Security Number:		
Current Address:		
City:	State:	Zip Code:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Home Phone: (    )		Work: (    )
Cell: (    )		Fax: (    )
Email:		
Do you live in Palm Beach County? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Co-APPLICANT NAME:</b>		
Date of Birth (mm/dd/yyyy):		
Driver's License Number:		
Social Security Number:		
Current Address:		
City:	State:	Zip Code:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Home Phone: (    )		Work: (    )
Cell: (    )		Fax: (    )
Email:		

Total household size? \_\_\_\_\_

<b>Staff Use Only. Leasing Agent</b> _____
Approved _____ . Unit# _____ Declined, Reason _____
Application Fee _____ Security Deposit _____
Lease Signed, Term _____ Monthly Rent _____



Names of the other persons who will live with you.	Date of Birth (mm/dd/yyyy)	Social Security Number	Relationship to you.

**Referral Source to the CLT of PBC. Please check all that apply:**

Print Advertisement	Bank	Employer	Walk-In	Radio
Realtor	Staff/Board Member	Friend	Other:	

**Name of referral?** \_\_\_\_\_

The following information is requested by the Federal Government for certain types of housing assistance applications, in order to monitor compliance with equal credit opportunity, fair housing and program disclosure laws.

Applicant	Check which apply.	Co-applicant	Check which apply
	Male		Male
	Female		Female
	<b>Race/National Origin</b>		<b>Race/National Origin</b>
	African American/Black		African American/Black
	American Indian/Alaskan native		American Indian/Alaskan native
	Asian or Pacific Islander		Asian or Pacific Islander
	Hispanic Origin		Hispanic Origin
	White		White
	Other		Other
	<b>Veterans/Military Service</b>		<b>Veterans/Military Service</b>
	Honorably Discharged Veteran – provide copy of DD214		Honorably Discharged Veteran – provide copy of DD214
	Currently serving in the military		Currently serving in the military

**Is anyone in the household disabled?** Yes \_\_\_\_\_ No \_\_\_\_\_



<b>Primary Applicant Employment Information – 18 months continuous employment required.</b>					
<b>Primary Job:</b>					
Full time:			Part time:		
Employer:					
Hire Date (mm/dd/yyyy):					
Job Title:					
Work Address:					
City, State, Zip Code:					
Supervisor's Name :					
Supervisor's Phone:					
Gross Annual Income (before taxes.)					
You are Paid:	Hourly	Weekly	Bi-weekly	Twice a month	Other

<b>Primary Applicant Secondary Job, if applicable:</b>					
Full time:			Part time:		
Employer:					
Hire Date (mm/dd/yyyy):					
Job Title:					
Work Address:					
City, State, Zip Code:					
Supervisor's Name :					
Supervisor's Phone:					
Gross Annual Income (before taxes.)					
You are Paid:	Hourly	Weekly	Bi-weekly	Twice a month	Other

<b>Co-Applicant Employment Information.</b>					
<b>Primary Job:</b>					
Full time:			Part time:		
Employer:					
Hire Date (mm/dd/yyyy):					
Job Title:					
Work Address:					
City, State, Zip Code:					
Supervisor's Name :					
Supervisor's Phone:					
Gross Annual Income (before taxes.)					
You are Paid:	Hourly	Weekly	Bi-weekly	Twice a month	Other



<b>Co-Applicant Secondary Job:</b> if applicable					
Full time:			Part time:		
Employer:					
Hire Date (mm/dd/yyyy):					
Job Title:					
Work Address:					
City, State, Zip Code:					
Supervisor's Name :					
Supervisor's Phone:					
Gross Annual Income (before taxes.)					
You are Paid:	Hourly	Weekly	Bi-weekly	Twice a month	Other

**INCOME SOURCES**

Type of Income	Applicant Monthly Income	Co-Applicant Monthly Income	Other Household members 18 or older.	Other Household members 18 or older.
Salary				
Alimony/Child Support				
Pension Income				
Self-Employment Income				
Dependent SSI Income				
Disability Income				
Other				

Can you document your child support/alimony income?  Yes  No

If your child or a family member receives SSI, how many more years will the payments continue? \_\_\_\_\_

If you receive disability income, is it for a permanent disability?  Yes  No





<b>AVERAGE MONTHLY COSTS</b>	<b>APPLICANT</b>	<b>CO-APPLICANT</b>
Current RENT – two years rent verification are required. This will be completed on a separate sheet.		
ELECTRICITY		
GAS		
TELEPHONE		
CABLE		
WATER		
CHILD CARE		
OTHER: _____		

**LIQUID ASSETS/INVESTMENTS**

Please list the approximate the current balance/value of the following:

<b>ASSET</b>	<b>APPLICANT</b>	<b>CO-APPLICANT</b>
Checking Account – Bank Name. Account #		
Savings Account – Bank Name. Account #		
Checking Account – Bank Name. Account #		
Savings Account – Bank Name. Account #		
Cash		
CD's		
Securities (stocks, bonds, etc)		
Retirement Account		
Other		



## ADDITIONAL INFORMATION

Do you have a pet that will live with you?	Yes	No
What kind of pet? Type, size, etc.		
List the following information for all <b>vehicles</b> that will be parked by household members at Davis Landings		
Make		
Model		
TAG#		
State Registered		
Make		
Model		
TAG#		
State Registered		

I authorize Community Land Trust of Palm Beach County, Inc. to:

- (a) Contact client via telephone numbers and email addresses provided on the intake form.
- (b) Provide and request information to lenders, government agencies, attorneys, counselors, and employers as necessary to process my Davis Landings Rental Application.
- (c) Run a background check
- (d) Pull a Credit Report from up to 3 (three) credit reporting agencies.

### Certification

I certify that all of the above information is correct and true to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of my application. Furthermore, I understand the completion of this application does not guarantee that I will receive housing.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

**\*\*A \$100.00 non-refundable Application Fee must be submitted with this completed application. This fee includes the cost of the background and credit check for each adult. Married couples (must provide marriage license) must submit \$150.00 for the background and credit check. Application fees must be paid by MONEY ORDER OR CASHIERS CHECK ONLY before an application will be accepted and/or processed.**

**Lease deposit and rent must also be paid by money order or cashier's check only.**

