

DBCLT _____
 Palm Manor _____
 Courtyards at SW 12th _____

Rental Application

Checklist

Applicant: _____

Co-Applicant: _____

Date Submitted: _____

Required Application & Documents:	Documents Submitted		Date Received
Rental Application	Yes	No	
Credit report/Background Check	Yes	No	
Application Fee: \$75.00 (Only accept money orders)	Yes	No	
Membership Form (\$1.00 for included)	Yes	No	

Required Identification:	Documents Submitted		Date Received
Copy of Driver(s) License for all adults	Yes	No	
Social Security Card for all Household members	Yes	No	
Birth Certificate for all household members under 18 years old	Yes	No	

Required Financial Documents:	Documents Submitted		Date Received
Verification of Employment Form/ Copies of paystub (6 weeks)	Yes	No	
Verification of Social Security Benefits Form	Yes	No	
Verification of Retirement/Veterans Administration Benefits Form	Yes	No	
Landlord Confirmation Form	Yes	No	

Calls Made	Date Made
Current Landlord	

Recommendation	
Evelyn Dobson _____ Date _____ Approve _____ Deny _____	

By signing below I/we understand that the \$75.00 Application fee is nonrefundable.
 My/our signature also acknowledges that the submittal of an application is not a guarantee
 of approval.

 Applicant

 Co-Applicant



DELRAY BEACH COMMUNITY LAND TRUST

RENTAL APPLICATION FEE: \$75

(PLEASE PRINT CLEARLY)

APPLICANT'S INFORMATION

Full Name (Last, First, MI) _____ DOB: _____

Social Security Number: _____ - _____ - _____ Marital Status: _____

PRESENT ADDRESS:

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Telephone-home: (____) _____ - _____ Work # (____) _____ - _____

Do you: Own _____ Rent _____ How Long _____ Monthly Payment \$ _____

Landlord/Lenders Name: _____ Address: _____

City _____ State _____ Zip _____ Phone (____) _____ - _____

CURRENT EMPLOYER:

Company Name _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____ - _____

No. Years _____ Job Title _____ Supervisor _____

Yearly Income \$ _____

OTHER EMPLOYMENT:

Company Name _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____ - _____

No. Years _____ Job Title _____ Supervisor _____

Yearly Income \$ _____

OTHERS TO RESIDE IN UNIT:

Full Legal Name	Social Security #	Relationship to Applicant	Date of Birth	Sex	Monthly Income

Do you have any pets? Yes _____ No _____ If yes, what breed? _____

Are you currently in process of filing for bankruptcy? Yes _____ No _____

OTHER INCOME: (For All Occupants 18 Years Old and Above Who Will Reside in the Home)

TYPE OF INCOME	Monthly Income	Name of Person Receiving Income
Unemployment Benefits	\$ _____	_____
Social Security Benefits	\$ _____	_____
AFDC	\$ _____	_____
Child Support	\$ _____	_____

******CO-APPLICANT'S INFORMATION******

Full Name (Last, First, MI) _____ DOB: _____
Social Security Number: _____ - _____ - _____ Marital Status _____

PRESENT ADDRESS:

Address _____ Apt. # _____
City _____ State _____ Zip _____
Telephone-home: (____) _____ - _____ Work # (____) _____ - _____
Do you: Own _____ Rent _____ How long _____ Monthly Payment \$ _____
Landlord/Lenders Name: _____ Address: _____
City _____ State _____ Zip _____ Phone _____

CURRENT EMPLOYER:

Company Name _____ Address _____
City _____ State _____ Zip _____ Phone _____
No. Years _____ Job Title _____ Supervisor _____
Yearly Income \$ _____

PREVIOUS EMPLOYER:

Company Name _____ Address _____
City _____ State _____ Zip _____ Phone (____) _____ - _____
No. Years _____ Job Title _____ Supervisor _____
Yearly Income \$ _____

RELATIVES/EMERGENCY CONTACT: (Not Residing with You)

Name: _____ Relationship _____ Phone: _____
Address: _____ City: _____ State _____ Zip _____

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

**CREDIT REPORT/BACKGROUND CHECK AUTHORIZATION AND
PRIVACY DISCLOSURE FORM**

I hereby authorize the Delray Beach Community Land Trust (hereinafter "DBCLT") to obtain and review my credit report/background. My credit report/background will be obtained from a credit reporting agency chosen by the DBCLT. I understand and agree that the DBCLT intends to use the credit report/background for the sole purpose of evaluating my credit accountability.

My signature below authorizes the release of credit reporting agencies financial or other information that will be used in connection with rental housing evaluation process. Authorization is granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report/background screening.

___ AUTHORIZE

___ DON NOT AUTHORIZE

I understand that I may revoke my consent to these disclosures by notifying DBCLT in writing.

Client's Name (Print)

Client's Name (Print)

Client's Signature

Client's Signature

Social Security Number

Social Security Number

Address

Address

City, State, and Zip Code

City, State, and Zip Code

Date

Date



DELRAY BEACH COMMUNITY LAND TRUST

MEMBERSHIP and CHARITABLE DONATION FORM

The Delray Beach Community Land Trust (DBCLT) is a 501 (c) (3) not-for-profit corporation commissioned to create quality affordable housing for very-low to moderate income households within the City of Delray Beach. The ongoing goals of the organization are to provide long term opportunities for very-low to moderate income households' affordable housing.

MEMBERSHIP BENEFITS:

- Participate in meetings of the Membership
- Participate in the election of the Board of Directors
- Be a nominee to serve on the Board of Directors
- Volunteer
- Receive notices and Quarterly Newsletters

MEMBERSHIP DUES (check the appropriate membership category)

___ \$1.00 One-Year ___ \$5.00 Five Years ___ Lifetime \$100.00

DONATIONS support our mission by making a charitable tax exempt donation of:

___ \$10.00 ___ \$25.00 ___ \$50.00 ___ \$100.00 ___ \$250.00 ___ \$500.00 Other \$ ___

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE." REGISTRATION #CH34233

Please provide the following information and return form with membership fee and/or donation:

Name: _____

Organization: _____

Address: _____

City, State & Zip Code: _____

Phone: _____ Email Address: _____

Preferred method of contact (indicate by check mark) Standard Mail _____ Email _____

Signature: _____ Date: _____

Please mail Membership/Donation Form and payment to:

Delray Beach Community Land Trust Inc.

145 SW 12th Avenue

Delray Beach, FL 33444

www.delraylandtrust.org

Phone: 561-243-7500

Fax: 561-243-7501

VERIFICATION OF EMPLOYMENT

Applicant:

Name: _____
Address: _____
Phone: _____
Email Address: _____

Employer:

Name: _____
Address: _____
Phone: _____ Fax : _____
Email Address: _____

The applicant identified above has applied for rental housing. To determine eligibility to rent we are required to verify individuals household income.

Authorization:

I hereby authorize the release of requested information to be used for the sole purpose of determining eligibility for rental program housing approval.

Signature of Applicant/ Household Member _____ Print Name _____ Date _____

Signature of Co-Applicant/Household Member _____ Print Name _____ Date _____

EMPLOYMENT INFORMATION (To be completed by employer)

We ask your cooperation in supplying the information below.

(Please list numerical # of likely overtime; this includes bonuses, over-time, and commissions to be received)

Position _____ Length of Time Employed: _____

Pay Rate \$ _____ per _____ (Hour, Week, Year)

Average Number of Hours worked per Week _____

Overtime Pay Rate \$ _____ per _____ (Hour/Week, Year)

Average Number of Hours worked per Week _____

Signature of authorized representative: _____ Printed Name: _____ Title: _____

Date: _____ Phone: _____

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.

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

Please Return Document to:
Delray Beach Community Land Trust
145 SW 12th Avenue
Delray Beach, FL 33444
Phone: 561-243-7500 or Fax: (561) 243-7501.

PALM MANOR APTS _____
COURTYARDS AT SW 12TH DUPLEXES _____
DBCLT _____

LANDLORD CONFIRMATION

As a part of the rental application process, I understand I must provide current or previous landlord information.

Applicant/s signature: _____

Current landlord name: _____

Current landlord address: _____

City: _____ State: _____ Zip Code: _____

Current landlord phone number: _____ or

Fax: _____

Email: _____

Rental period of (at least one year):

from _____ to _____
(Month/Day/Year) (Month/Day/Year)

The address of the rental unit:

(Street Address) (City) Zip

Is there currently any past due amount owed on the landlord? _____ Yes _____ No

Has the tenant complied with all policies? _____ Yes _____ No

Any legal proceedings filed? _____ Yes _____ No

Name of person who confirmed information: _____