

Palm Beach Plantation
6860 Lantana Road, Box 215
Lake Worth, Florida 33467- 6581
(561) 967-1661
(561) 967-8568 FAX

Before submitting your application you must include:

1. \$25.00 non refundable application fee per persons Eighteen and over. Make check payable to Palm Beach Plantation.
2. A copy of all applicants' drivers' license(s).
3. A copy of all applicants' social security cards(s).
4. A copy of all applicants' current pay stub(s).
5. A copy of all applicant's most recent W2's or 1099's.
6. A copy of last year's IRS filed income tax return.
7. Provide information and shot records for any animals that will be living in the home. *Note: certain breeds are not allowed in community. Ask for our strike breed list.

All applicants must be interviewed by the Park Manager prior to final determination of residency acceptance.

First month's lot rent is due at the time of signing lease agreement.

*****All residents in our community are required to maintain homeowners insurance. New residents must provide evidence of insurance at the time signing lease naming Palm Beach Plantation as additional interest.**



APPLICATION FOR RESIDENCY

Each Occupant must complete separate applications. (Except married couples.)

Community Name: _____
Application is for Homesite #: _____ Date: _____

The following information is for the evaluation of all potential residents and for information in the case of an emergency. Information provided herein shall be used in relation to a lease contract and/or occupancy and will be kept strictly confidential.

APPLICANT (Personal Information)

APPLICANT'S Full Name: _____ Present Phone #: () _____
Present Address: _____ Owned? _____ Rented? _____
City, State, Zip _____ How Long? _____
If Apartment or Mobile Home Park, Name: _____ Unit/Site #: _____
Manager/Landlord Phone No. () _____ Mo. Rent/Mortgage Payment _____

Previous Address: _____ Owned? _____ Rented? _____
City, State, Zip _____ How Long? _____
If Apartment or Mobile Home Park, Name: _____ Unit/Site #: _____
Manager/Landlord Phone No. () _____ Mo. Rent/Mortgage Payment: _____

Date of Birth: _____ Social Security #: _____
Driver's License #: _____ State: _____

Present Employer: _____ Type of Work: _____
Employer Address: _____ Date Started: _____
City, State, Zip: _____ Phone #: () _____

Previous Employer (if currently employed less than 5 years OR if presently retired, last employer)

Name: _____ Type of Work: _____
Address: _____ How Long? _____
City, State, Zip: _____

Marital Status: (Check One) Single _____ Married _____ Divorced _____ Widowed _____ Separated _____

SPOUSE (Personal Information)

SPOUSE'S full name: _____ Birth Date: _____
SS #: _____ Driver's Lic. No.: _____ State: _____

Present Employer: _____ Type of Work: _____
Employer Address: _____ Date Started: _____
City, State, Zip: _____ Phone #: () _____

ADDITIONAL OCCUPANTS

List Names, Ages and Relationships of all persons (except Spouse) residing with you:

Name: _____ Age: _____ Relationship: _____
 Name: _____ Age: _____ Relationship: _____
 Name: _____ Age: _____ Relationship: _____

FINANCIAL INFORMATION

Monthly Income:	<u>Applicant</u>	<u>Spouse</u>	<u>Total</u>
Gross Monthly Employment Income	_____	_____	_____
Social Security Income	_____	_____	_____
Pension Income	_____	_____	_____
Other Income (Source) _____	_____	_____	_____
Total Monthly Income	_____	_____	_____

Bank Name: _____ Branch Name: _____
 Address _____ City, State, Zip: _____
 Active Ck Acct. #: _____ Active Saving Acct. # _____

Major Credit References (including Visa, Master Card, etc.):

(1) _____ City/State: _____
 (2) _____ City/State: _____
 (3) _____ City/State: _____

Have you, your spouse, or additional occupant ever declared bankruptcy? Yes () No () please explain, including date: _____

Home Information:

Make/Model: _____ Year: _____ Size: _____ X

Do you own your mobile home? _____ Is your mobile home financed? _____ **If Financed, please complete:**

Name of Mortgage Company: _____

Address: _____

City, State, Zip: _____

Phone #: () _____ Mo. Payment \$ _____ Pmt. Date: _____ Acct. No. _____

VEHICLE INFORMATION

List all vehicles (including motorcycles, boats, motor homes, trailers, etc.)

Type:	Year:	Make:	State of Lic.	Plate #:
Type:	Year:	Make:	State of Lic.	Plate #:
Type:	Year:	Make:	State of Lic.	Plate #:

ADDITIONAL INFORMATION

1. Have you, your spouse, or additional occupant been asked to terminate your residency, been evicted, or sued for non-payment of rent or damage to rental property? Yes () No (). If Yes, please explain:

2. Have you, your spouse, or co-applicant ever been convicted of a felony? Yes () No (). If Yes, please explain:

3. Have you, your spouse, or co-applicant ever been convicted of dealing, possessing or manufacturing illegal drugs? Yes () No () If Yes, please explain:

4. Your reason for leaving your present residence (reason for relocating)?

5. How were you referred to us?

PETS

Will there be a pet on the property? _____ If Yes, breed/weight? _____

EMERGENCY INFORMATION

In case of emergency, notify (relationship): _____

Name: _____ Home Ph. () _____

Address: _____ Work Ph. () _____

City, State, Zip _____

AFFIDAVIT AND DISCLOSURE RELEASE

The undersigned represents that all of the above statements are true and complete and hereby authorize Cal-Am Properties, Inc. to verify such information. False information provided shall be grounds for rejection of this application, non-return of application fees and deposits and termination of the right of occupancy. Any false statement may constitute a serious criminal offense under the laws of this state.

As part of our procedure for processing your application, an outside agency will make an investigative report and present it to us for review. This report may include a criminal background search, prior rental history, a driving record check, employment history, social security verification, and credit record inquiry. By signing this application you are releasing any and all persons, companies, agencies, or others from liability resulting from your background investigation. You are entitled to receive a disclosure of any and all information resulting from the investigation.

Signature of Applicant

Signature of Spouse

FOR OFFICE USE ONLY

Application () Approved
() Rejected

Date: _____

This application is approved/rejected as of _____ and, if approved, shall become a part of the Lease Agreement between the parties hereto.

By: _____

Signature: _____