

Palm Lake Village Management Office
1515 County Road One Dunedin, FL 34698
(727) 733-8880

APPLICATION ADDENDUM

You must be 55 + years of age, pass a rental credit check, pass a background check, and have a minimum monthly income of \$900.00

Please return the following to the PLV Management Office:

- Completed Application - please do not sign the Application until you are in front of a Notary or in front of Office Staff,
- Photo ID,
- Social Security Card,
- \$25.00 (non refundable) Money Order payable to: **P.L.V.H.C.** for the cost of the Application Fee,
- Most recent and consecutive three (3) Pay Stubs, Social Security Letter, or other proof of Income; whichever is applicable,
- Most recent and consecutive three (3) Bank Statements, and
- Completed Checklist (please see below).

CHECKLIST:

1. Do you own a pet? Yes or No
If yes, Type: _____
Weight: _____

2. Are you currently in a lease? Yes or No
If yes, when does it expire? _____

3. Would you need a 30-day notice? Yes or No

4. Could you move within 2 weeks or less of a notice? Yes or No

5. Unit preference: Please circle one of the following:
Middle Unit or End Unit

6. Waiting List preference: Please circle one of the following:
One Bedroom, Two Bedroom, Both

*** It is the responsibility of the Applicant to maintain a current telephone number and address with the PLV Management Office**

SCREENING REQUIRED INFORMATION

All information **MUST** be complete. Failure to do so will Delay and or Reject your screening process.

PLEASE PRINT DO NOT USE NICK NAMES

1. LAST _____ FIRST _____ MIDDLE _____
MAIDEN NAME _____ OTHER NAMES USED _____
SOCIAL SEC # _____ DOB _____ PHONE # _____

MUST SHOW 3 YEARS OF PAST ADDRESS HISTORY

(use back of form if needed)

2. PRESENT ADDRESS _____ APT _____ CITY _____
COUNTY _____ STATE _____ HOW LONG? YEARS _____ MONTHS _____
LANDLORD NAME _____ PHONE # _____
ADDRESS _____

3. PREVIOUS ADDRESS _____ APT _____ CITY _____
COUNTY _____ STATE _____ HOW LONG? YEARS _____ MONTHS _____
LANDLORD NAME _____ PHONE # _____
ADDRESS _____

4. PREVIOUS ADDRESS _____ APT _____ CITY _____
COUNTY _____ STATE _____ HOW LONG? YEARS _____ MONTHS _____
LANDLORD NAME _____ PHONE # _____
ADDRESS _____

5. EMPLOYER NAME _____
Rate of Pay \$ _____ PER _____ # HOURS PER PAY CYCLE _____ TIPS/COMMISSION _____
WEEKLY/BI-WEEKLY/MONTHLY

6. OTHER SOURCE OF INCOME FROM _____
(SS, SSI SSD, PENSION, ANNUITIES, WORKERS COMP, UNEMPLOYMENT, CONTRIBUTIONS, ETC.)

SIGNATURE _____ DATE _____

INTERVIEWED BY _____ COMPLEX _____

STATE OF _____

COUNTY OF _____

The forgoing instrument was acknowledged before me this

_____ day of _____, 200__ by _____

(Name(s) of person acknowledging)

Who is personally known to me _____ and/or produced _____

(Type of identification)

(Print notary name)

(Notary Signature)