



Palm III Rentals / Property Management  
474303 E. SR 200  
Fernandina Beach, FL 32034  
904-321-0457  
904-321-4046 Fax

**Property Information**

Property Address: \_\_\_\_\_

Move in Date: \_\_\_\_\_ Rental Term Desired: \_\_\_\_\_

**Application Information**

Name: \_\_\_\_\_ Driver's License State & Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Own / Rent (please circle) Monthly Payment or Rent: \_\_\_\_\_ How Long?: \_\_\_\_\_

Current Landlords Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you under a lease?: \_\_\_\_\_ Current Lease Expiration Date: \_\_\_\_\_ Given Notice?: \_\_\_\_\_

**Employment Information**

Current Employer / Branch of Service if Military: \_\_\_\_\_

Employer Address / Current Duty Station: \_\_\_\_\_ How Long?: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_ Your Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position / Rank: \_\_\_\_\_ Hourly / Salary (circle) Annual Gross Income \$: \_\_\_\_\_

**Emergency Contact**

Name of person not residing with you: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Co-Applicant Information (married only, otherwise separate application)**

Name: \_\_\_\_\_ Driver's License State & Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Own / Rent (please circle) Monthly Payment or Rent: \_\_\_\_\_ How Long?: \_\_\_\_\_

\*No personal checks will be accepted. Cash,  
money order or cashier's check only. \_\_\_\_\_ Initial

**Co-Applicant Employment Information**

Current Employer / Branch of Service if Military: \_\_\_\_\_

Employer Address / Current Duty Station: \_\_\_\_\_ How Long?: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_ Your Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position / Rank: \_\_\_\_\_ Hourly / Salary (circle) Annual Gross Income \$: \_\_\_\_\_

**Credit / Criminal History Information**

Do you have any judgments / liens?: \_\_\_\_\_ Ever File for bankruptcy?: \_\_\_\_\_ Date of BK: \_\_\_\_\_

Ever been evicted?: \_\_\_\_\_ Ever been foreclosed?: \_\_\_\_\_

**Credit / Criminal History Information (Cont.)**

If you answered yes to any of the above questions, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you or any other person will reside in the property have a criminal record?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List Additional Residents**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ SSN (18+): \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ SSN (18+): \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ SSN (18+): \_\_\_\_\_

Hearing Impairment

Do you or anyone who will reside in this residence have a hearing impairment?: \_\_\_\_\_

Will you need a hearing impaired smoke detector?: \_\_\_\_\_

**Pets**

Do you have any pets?: \_\_\_\_\_

How many?: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_

**Vehicles**

Make / Model: \_\_\_\_\_ State / License Number: \_\_\_\_\_

Make / Model: \_\_\_\_\_ State / License Number: \_\_\_\_\_

Make / Model: \_\_\_\_\_ State / License Number: \_\_\_\_\_

**Please Read the Following:**

Applicant certifies that the information provide in this application is true and accurate to the best of their knowledge and hereby authorizes release of all the information to PALM III REALTY, INC. to verify all information provided, including credit, employment, previous rental experience and criminal history. Application fee is required at the time the rental application is presented.

The application is subject to acceptance by the owner and execution of a rental agreement and is offered without respect to race, color, creed, sex, of national origin.

Applicant acknowledges that knowingly supplying false or incomplete information is grounds for cancelation of application and termination of tenancy after occupancy.

**If this application is approved and the applicant decides not to rent the property and / or sign the rental agreement, any security deposit and / or pet deposit paid by them may be forfeited. If the security deposit is not paid at the time if the application, or within twenty-four hours after the application is accepted, the unit will be placed back on the rental market. Application fee if \$60.00 (1 party) / \$85.00 (2 parties) / \$35.00 (for EACH additional applicant over the age of 18) is non-refundable.**

Cost to the tenant for executing said lease will be in the amount of \$40.00. Leases are prepared by the Law Offices of Heist, Weisse, Davis & Wolk, P.A.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

\*\*\*No personal checks will be accepted. Cash, money order, or cashier's checks ONLY. \_\_\_\_\_ Initial

**REQUEST FOR VERIFICATION OF RENT OR MORTGAGE**

We have received an application for a loan from the applicant listed below, to whom we understand you rent or have extended a loan.

**INSTRUCTIONS: LENDER**- Complete items 1 thru 8. Have applicant(s) complete item 9. Forward directly to lender named in item 1.**LANDLORD/CREDITOR**- Please complete Part II as applicable. Sign and return directly to the lender named in item 2.**PART I - REQUEST**

1. TO (Name and address of Landlord/Creditor)

2. FROM (Name and address of lender)

3. SIGNATURE OF LENDER

4. TITLE

5. DATE

6. LENDERS NUMBER

**7. INFORMATION TO BE VERIFIED**

\_\_\_ MORTGAGE

\_\_\_ LAND CONTRACT

\_\_\_ RENTAL

\_\_\_ OTHER

PROPERTY ADDRESS

ACCOUNT IN THE NAME OF:

ACCOUNT NO.

8. NAME AND ADDRESS OF APPLICANT(S)

9. SIGNATURE OF APPLICANT(S)

**PART II - TO BE COMPLETED BY LANDLORD/CREDITOR****RENTAL ACCOUNT**

Tenant has rented since \_\_\_\_\_

To \_\_\_\_\_

Amount of rent \$ \_\_\_\_\_ per \_\_\_\_\_

Is rent in arrears? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of times 30 days past due\* \_\_\_\_\_

Is account satisfactory? Yes \_\_\_\_\_ No \_\_\_\_\_

**\_\_\_ MORTGAGE ACCOUNT \_\_\_ LAND CONTRACT**

Date mortgage originated \_\_\_\_\_

Interest rate \_\_\_\_\_

Original mortgage amount \$ \_\_\_\_\_

FIXED \_\_\_\_\_ ARM \_\_\_\_\_

Current mortgage balance \$ \_\_\_\_\_

FHA \_\_\_\_\_ VA \_\_\_\_\_

Monthly Payment P &amp; I only \$ \_\_\_\_\_

FNMA \_\_\_\_\_ CONV \_\_\_\_\_

Payment with taxes and ins. \$ \_\_\_\_\_

Next pay date \_\_\_\_\_

Is mortgage current? Yes \_\_\_\_\_ No \_\_\_\_\_

No of late payments\* \_\_\_\_\_

Is mortgage assumable? Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance agent: \_\_\_\_\_

Satisfactory account? Yes \_\_\_\_\_ No \_\_\_\_\_

\* Number of times account has been 30 days overdue in the last 12 months

**ADDITIONAL INFORMATION WHICH MAY BE OF ASSISTANCE IN DETERMINING APPLICANT(S) CREDIT WORTHINESS**

SIGNATURE OF CREDITOR

TITLE

DATE

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

GFI-form VOM rev. 6-5-2002