



NEW RESIDENT APPLICATION

Please ensure to read our Rules and Regulations** (link at the end) before applying.

ROYAL PALM PLACE (RPP) AT THE HAMMOCKS PROPERTY INFORMATION

BUILDING NUMBER: _____ APARTMENT NUMBER: _____, PER RPP'S WEBSITE MAP AT rppinfo.com

BUILDING ADDRESS: _____ MIAMI, FL 33196

OCCUPANCY TYPE: ☐ TENANT ☐ OWNER MONTHLY RENT / PURCHASE PRICE: \$

LEASE START DATE / MOVE IN DATE / CLOSING DATE: _____

LEASE END DATE: _____ RENT / LEASE TERM (IF APPLICABLE): _____

APPLICANT (YOUR) INFORMATION

FIRST NAME: _____ MIDDLE: _____ LAST NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

PASSPORT NUMBER: _____ COUNTRY: _____

TELEPHONE NUMBER: _____ EMAIL: _____

ARE YOU AN ACTIVE SERVICE* MEMBER? : ☐ YES ☐ NO (* an individual on full-time active duty in the Army, Navy, Air Force, Marine Corps, Coast Guard, or Space Force, including Reserve and National Guard personnel mobilized under federal orders, and commissioned officers of NOAA and the Public Health Service).

CO-APPLICANT INFORMATION

FIRST NAME: _____ MIDDLE: _____ LAST NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

PASSPORT NUMBER: _____ COUNTRY: _____

TELEPHONE NUMBER: _____ EMAIL: _____

ARE YOU AN ACTIVE SERVICE* MEMBER? : ☐ YES ☐ NO

CURRENT RESIDENCE

APPLICANT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOW LONG HAVE YOU BEEN AT THIS ADDRESS? YEARS: _____ MONTHS: _____ OWN? ☐ YES ☐ NO

LANDLORD NAME: _____ PHONE NUMBER: _____

IF LIVING WITH RELATIVE / FRIEND, NAME: _____

RELATIVE PHONE NUMBER: _____ RELATIONSHIP: _____



CO-APPLICANT ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
HOW LONG HAVE YOU BEEN AT THIS ADDRESS? YEARS: ____ MONTHS: ____ OWN? ☐ YES ☐ NO
LANDLORD NAME: _____ PHONE NUMBER: _____
IF LIVING WITH RELATIVE / FRIEND, NAME: _____
RELATIVE PHONE NUMBER: _____ RELATIONSHIP: _____

EMPLOYMENT HISTORY

APPLICANT'S EMPLOYER NAME: _____ **JOB STATUS:** _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
OCCUPATION / POSITION: _____ **SUPERVISOR NAME:** _____
TELEPHONE: _____ **SALARY INCLUDING COMMISSIONS: \$** _____

CO-APPLICANT'S EMPLOYER NAME: _____ **JOB STATUS:** _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
OCCUPATION / POSITION: _____ **SUPERVISOR NAME:** _____
TELEPHONE: _____ **SALARY INCLUDING COMMISSIONS: \$** _____

PETS

1. PLEASE DESCRIBE YOUR PET: _____ **PET'S NAME:** _____
AGE - YEARS: ____ **MONTHS:** ____ **SEX:** ☐ MALE ☐ FEMALE **WEIGHT:** _____ **POUNDS**
(LBS.)
BREED: _____ **TAG NUMBER:** _____
2. PLEASE DESCRIBE YOUR PET: _____ **PET'S NAME:** _____
AGE - YEARS: ____ **MONTHS:** ____ **SEX:** ☐ MALE ☐ FEMALE **WEIGHT:** _____ **POUNDS**
(LBS.)
BREED: _____ **TAG NUMBER:** _____
3. PLEASE DESCRIBE YOUR PET: _____ **PET'S NAME:** _____

AGE - YEARS: ____ MONTHS: ____ SEX: ☐ MALE ☐ FEMALE WEIGHT: _____ POUNDS
(LBS.)

BREED: _____ TAG NUMBER: _____



VEHICLE INFORMATION

VEHICLE #1 MAKE: _____
MODEL: _____ COLOR: _____ YEAR: _____
LICENSE PLATE #: _____ STATE: _____ INSURED BY: _____

VEHICLE #2 MAKE: _____
MODEL: _____ COLOR: _____ YEAR: _____
LICENSE PLATE #: _____ STATE: _____ INSURED BY: _____

VEHICLE #3 MAKE: _____
MODEL: _____ COLOR: _____ YEAR: _____
LICENSE PLATE #: _____ STATE: _____ INSURED BY: _____

LIST OF OCCUPANTS UNDER THE AGE OF 18

NAME: _____ AGE - YEARS: _____ MONTHS: _____
NAME: _____ AGE - YEARS: _____ MONTHS: _____
NAME: _____ AGE - YEARS: _____ MONTHS: _____

EMERGENCY CONTACT

NAME: _____ PHONE #: _____
RELATIONSHIP: _____ EMAIL: _____

REALTOR CONTACT INFORMATION

NAME: _____ PHONE #: _____
EMAIL: _____



EMOTIONAL SUPPORT ANIMAL (ESA) / SERVICE ANIMAL (SA), (IF APPLICABLE)

ESA is a companion animal—typically a dog or cat, though it can be other domesticated species—that provides therapeutic comfort to an individual with a mental health or psychiatric disability. Unlike SAs (service animals), ESAs are not trained to perform specific tasks, and their presence alone alleviates symptoms.

I HAVE: ☐ ESA ☐ SA (NOTE: Must show certificate of official U.S. SA/ESA Registry Database)

1. PLEASE DESCRIBE YOUR ESA/SA: _____ ESA/SA'S NAME: _____

AGE - YEARS: ____ MONTHS: ____ SEX: ☐ MALE ☐ FEMALE WEIGHT: _____ POUNDS
(LBS.)

BREED: _____ TAG NUMBER: _____

2. PLEASE DESCRIBE YOUR ESA/SA: _____ ESA/SA'S NAME: _____

AGE - YEARS: ____ MONTHS: ____ SEX: ☐ MALE ☐ FEMALE WEIGHT: _____ POUNDS
(LBS.)

BREED: _____ TAG NUMBER: _____

PERSONAL REFERENCES (NO FAMILY MEMBERS)

APPLICANT'S REFERENCES

NAME: _____ PHONE #: _____

RELATIONSHIP: _____ EMAIL: _____

NAME: _____ PHONE #: _____

RELATIONSHIP: _____ EMAIL: _____

CO-APPLICANT'S REFERENCES

NAME: _____ PHONE #: _____

RELATIONSHIP: _____ EMAIL: _____

NAME: _____ PHONE #: _____

RELATIONSHIP: _____ EMAIL: _____

ROYAL PALM PLACE'S RULES AND REGULATIONS

<https://www.rppinfo.com/regulations>

☐ ** I CONFIRM THAT I HAVE READ AND, IF APPROVED, THAT I WILL ABIDE BY THE LATEST VERSION OF ROYAL PALM PLACE'S RULES AND REGULATIONS.





***** Required with the Application in PDF format:**

1. *** ID for EACH person who would be living in the unit/apt.
2. *** Each car Registration
3. *** Proof of each Car Insurance
4. *** Marriage Certificate, if a married couple is applying
5. \$150 Money Order (NO CHECKS, PLEASE) payable to "Royal Palm Place" per adult resident or, if married, \$150 for both. RPPXXYYY Building number and Unit/Apt. number written on it with the word "Application". (Example for building 7, Unit/Apt. # 101: "RPP07101 Application")
6. Please contact the [Manager](https://www.rppinfo.com/manager) to submit all requirements. <https://www.rppinfo.com/manager>
7. By submitting the application, you acknowledge consent to have your background and credit score potentially checked in order to verify the details provided by you on the form. This is required to ascertain whether a prospective resident is of good character and able to pay the periodical rent on time, if a tenant.
8. Read the "Regulations" page on the website. Wait for the Rules and Regulations Interview with a Home Owners Association representative.