



GUEST APPLICATION

1915 LAVERS CIRCLE, SUITE E-106
DELRAY BEACH, FL 33444
PHONE: 561-278-8558
FAX: 561-278-8559

**A HARD COPY OF THE APPLICATION & LEASE MUST BE HAND DELIVERED OR MAILED TO THE LAKESIDE ASSOCIATION OFFICE.
(Applications & Leases cannot be emailed or faxed!)**

IF ANY INFORMATION IS MISSING OR FALSIFIED, THE PACKAGE WILL BE RETURNED AND REJECTED

PLEASE NOTE: APPLICATIONS CAN TAKE UP TO 45 DAYS TO PROCESS AND AN INTERVIEW IS REQUIRED FOR THE BOARD OF DIRECTORS' APPROVAL.

PLEASE CHECK BOX IF YOU OR CO-APPLICANT IS CURRENTLY SERVING OR HAVE SERVED IN THE U.S. MILITARY.

APPLICANT SIGNATURE

PRINT NAME

DATE

CO-APPLICANT SIGNATURE

PRINT NAME

DATE

FOR OFFICE USE ONLY

Date Received:	Unit Owners Name:	Unit #
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Lakeside Guest Application

Applicant Information				
Name:		Email:		
Date of Birth:	SSN:	Phone:		
Current Address:			Cell:	
City:	State:	Zip Code:		
*Have you ever been arrested?	*Any current judgments against you?		*Have you ever filed for bankruptcy?	
*Have you ever been evicted?	*Have you ever been found guilty?	*Are you in foreclosure?	*Unpaid child support?	
* If you answered yes to any question(s) please give explanation on back of this sheet.				
Employment Information				
Current Employer:		From:	Phone:	
Position:			Supervisor:	
Previous Employer:	From: To:	Previous Employer:	From: To:	
Supervisor:	Phone:	Supervisor:	Phone:	
Vehicle Information				
Driver's License Number:				
Make:	Model:	Color:	Year:	Plate#
Make:	Model:	Color:	Year:	Plate#
Emergency Contact				
Name of a person not residing with you:		Relationship:		Phone:
Address:	City:		State:	Zip Code:

Three (3) References	
<i>Name</i>	<i>Phone</i>
1.	
2.	
3.	

PLEASE LIST ANY MINORS THAT WILL BE RESIDING IN UNIT:

<i>Name</i>	<i>Age</i>
1.	
2.	
3.	

Co-Applicant Information

Co-Applicant Information				
Name:		Email:		
Date of Birth:	SSN:	Phone:		
Current Address:			Cell:	
City:	State:	Zip Code:		
*Have you ever been arrested?	*Any current judgments against you?	*Have you ever filed for bankruptcy?		
*Have you ever been evicted?	*Have you ever been found guilty?	*Are you in foreclosure?	*Unpaid child support?	
* <i>If you answered yes to any question(s) please give explanation on back of this sheet.</i>				
Employment Information				
Current Employer:		From:	How Long:	Phone:
Position:			Supervisor:	
Previous Employer:		From:	Previous Employer:	
		To:	From:	
Supervisor:		Phone:	Supervisor:	
			Phone:	
Vehicle Information				
Driver's License Number:				
Make:	Model:	Color:	Year:	Plate#
Make:	Model:	Color:	Year:	Plate#
Emergency Contact				
Name of a person not residing with you:			Relationship:	
Address:	State:	Zip Code:		Phone:

Three (3) References	
<i>Name</i>	<i>Phone</i>
1.	
2.	
3.	



YOU MUST INCLUDE THE FOLLOWING ITEMS WITH YOUR APPLICATION:

1. **Application Fee:** A check payable to **LAKESIDE ASSOCIATION** for **\$100.00.**
(\$100.00 fee per applicant or husband/wife)
2. A copy of a valid Driver License with Photo ID for all occupants.
3. Welcome letter or **Affidavit of Relationship** from unit owner.
4. **If applicable:** *Service and Emotional Support Animals must complete an additional application.*

***IN ADDITION TO THE ABOVE, THE FOLLOWING REQUIREMENTS APPLY:**

- **Check-in** at office after arrival.
- Provide Vehicle Registration (Make, Model, Color & License Plate Number)
- Move- in times: **8:00 AM TO 8:00 PM.**
- Phone number for the building Tele-entry system

**I authorize the verification of the information provided on this form
as to my credit and employment.**

I authorize the verification of the information provided on this form as to my credit and employment.	
Applicant Signature:	Co-Applicant Signature:
Print Name:	Print Name:
Date:	Date:



RULES AND REGULATIONS ACKNOWLEDGEMENT FORM

PARTIAL LIST OF FINABLE VIOLATIONS...

- Parking any type of commercial vehicle
- Parking unauthorized vehicles such as boats, trucks, jet-skis, trailers etc.
- Parking in a space not assigned to you or in an unauthorized area
- Parking longer than 15 minutes in a building entrance driveway
- Failure to pick up dog waste and to carry plastic waste bags while walking your dog
- Failure to leash your dog while walking outdoors.
- Tenants are not allowed to have pets
- Keeping an unregistered pet in an apartment or pet sitting
- Failure to comply with all pool, spa, clubhouse and fitness room rules & hours of operation
- Failure to register all persons living in unit
- Allowing excessive noise especially between the hours of 10:30 pm – 8:00 am
- Washing cars or doing any mechanical repairs in parking lot
- Failure to properly dispose of garbage, recycling and bulk items
- Failure to breakdown cardboard boxes before disposing in proper recycle bin
- Smoking/ noxious odors or any illegal substance smells which emanate from balconies.
- No BBQ grills allowed. Only 1st floors, 10 feet away from building.
- Failure to return the lobby cart to the lobby after each use

I/WE HAVE READ, FULLY UNDERSTAND, AND AGREE TO ABIDE BY THE RULES AND REGULATIONS OF LAKESIDE ASSOCIATION, AND FURTHER UNDERSTAND THAT A VIOLATION OF THE RULES AND REGULATIONS WILL RESULT IN A LETTER AND A FINE.

UNIT NUMBER _____

SIGNED THIS _____ DAY OF _____, 20_____

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE



I _____, the Applicant hereby authorizes Lakeside Association to obtain a consumer report and any other information it deems necessary for evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease, or purchase of a residence for which this application was made. I hereby expressly release Lakeside Association, LLC and any procurer or furnisher of information, from any liability what so ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies including without limitation, various law enforcement agencies.

(Applicant Signature)

Date

(Co-Applicant Signature)

Date



The Board of Directors of Lakeside Association encourages you to consider the advantages offered by the Association emailing correspondence to unit renters. Some of the advantages include enabling electronic tracking of communication, reduction of paper documents (environmentally friendly) and expense incurred in mailing communications to renters.

CONSENT TO ELECTRONIC TRANSMISSION
(TENANT)

To: LAKESIDE Association, Inc. (the "Association")

This is to certify that the undersigned, constituting all of the tenants recorded on the Lease of
LAVERS CIRCLE, DELRAY BEACH, FL., 33444 UNIT # _____

Hereby specifically consent to receive any and all notices of meetings, communications, or other correspondence from Association via electronic transmission. The e-mail address at which I would like to receive notices of meetings, communications or other correspondence is as follows:

(LEGIBLY PRINT E-MAIL ADDRESS)

I understand that in the event that I wish to revoke this Consent or change the e-mail address set forth in this Consent, I must provide written notice of such revocation to the Association. I further understand that the Association may, at any time and upon notice, discontinue delivery of notices, communications or other correspondence by electronic transmission.

DATED THE _____ DAY OF _____, 20____.

(TENANT SIGNATURE)

(TENANT SIGNATURE)

