



**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

<b>Co-Applicant Information</b>				
Name:		Email:		
Date of Birth:	<b>SSN:</b>	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.				
<b>Employment Information</b>				
<b>Current Employer:</b>		From:	<b>How Long:</b>	<b>Phone:</b>
<b>Position:</b>			<b>Supervisor:</b>	
Previous Employer:		From:	Previous Employer:	
		To:	From:	
Supervisor:		Phone:	Supervisor:	
			Phone:	
<b>Vehicle Information</b>				
Driver's License Number:				
Make:	Model:	Color:	Year:	<b>Plate#</b>
Make:	Model:	Color:	Year:	Plate#
<b>Emergency Contact</b>				
Name of a person not residing with you:			Relationship:	
Address:	State:	Zip Code:		Phone:

<b>Three (3) References</b>	
<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 **\$150.00.**  
(\$150.00 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. **Non-American Citizens** to confirm identity of the applicant, must provide as part of the application package a copy of an Up-to-Date Valid Visa and/or Attorneys Status Letter.
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.**

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



**RULES AND REGULATIONS ACKNOWLEDGEMENT FORM**

**LIST OF INSTANT \$100 FINABLE VIOLATIONS...**

- Parking any type of commercial vehicle overnight in the parking lots
- Parking unauthorized vehicles such as boats, jet-skis, trailers etc. in the parking lots
- Parking any vehicle overnight in front of the building entrance or fire lanes
- Washing cars or conducting car repairs in the parking lot
- Failure to comply with all pool, spa, clubhouse and fitness room rules
- Failure to register clubhouse private parties
- Failure to observe garbage, recycling and bulk items disposal rules
- Failure to return the lobby cart to the lobby in a timely manner

**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





*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)**

