

#### **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!)

## <u>IF ANY INFORMATION IS MISSING OR FALSIFIED, THE PACKAGE WILL</u> BE RETURNED AND REJECTED

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

		F YOU OR CO-APPLIC VE SERVED IN THE U.S	
APPLICANT SIGNA	TURE	PRINT NAME	DATE
CO-APPLICANT SIGNATURE		PRINT NAME	DATE
	FC	OR OFFICE USE ONLY	
Date Received:	Unit Own	ers Name:	Unit #

### <u>Lakeside Guest Application</u>

<b>Applicant Informatio</b>	n															
Name:							Email:									
Date of Birth:		SSN:					Phone:									
Current Address:						Cell:										
City: State:							Zip Code:									
*Have you ever been arrested?			Any current judgments gainst you?							*Have you ever filed for ba				bankr	uptcy?	
*Have you ever been evicted?		ave yo	ve you ever been				*Are	Are you in foreclosure?				*Unpaid child support?				
evicted? found guilty?  * If you answered yes to any question(s) please give explanation on back of this sheet.																
<b>Employment Informa</b>	ition															
<b>Current Employer:</b>			F	rom:		Ph	ione:									
Position:	osition:				Su	ıpervi	sor:	;								
Previous Employer:				From: Pro			Previous Employer:					From: To:				
Supervisor:				one:		Su	upervisor: Phor									
<b>Vehicle Information</b>																
Driver's License Number:																
Make:	Model:	odel: Colo			Color:		Year:				I	Plate#	<del> </del>			
Make:	Model:	odel: Color			Color:		Year:			I	Plate#	#				
<b>Emergency Contact</b>																
Name of a person not residing with you:			Rela			elat	tionsh	ip:			P	Phone:				
Address:			City	y:	l	State:			····	Zip Code:			Code:			
										<u>'</u>						
Three (3) Reference																
Name						Phone					4					
1.																4
2. 3.																-
3.																۷
PLE	ASE LI	ST AN	NY N	MINO	RS TH	[A]	r WI	LL	BE RE	SIDING	IN I	UNI'	<mark>Γ:</mark>			
Name												Age				
4																

#### 2

2. 3.

#### **Co-Applicant Information**

Co-Applicant Informati	on												
Name:			E	Email:									
Date of Birth:		SSN:			Phone:								
Current Address:				Cell:									
City:		State:			p C	ode:							
*Have you ever been arrested?		*Any current judgments against you?					*Have you ever filed for bankruptcy?				ankruptcy?		
*Have you ever been evicted?	fou	Have you ever been found guilty?						in foreclosure? *Un			Jnp	aid child support?	
* If you answered yes to any qu	<u>uestion</u>	(s) ple	<mark>ase give expla</mark>	<mark>ination</mark>	on	back of	<sup>c</sup> this	shee	<mark>et.</mark>				
<b>Employment Informati</b>	on												
Current Employer:			From:		Н	ow Lon	g:			Phone	e:		
Position:		<u>l</u>			Sı	aperviso	or:						
Previous Employer: From:				• • • • • • • • • • • • • • • • • • • •				From:					
			To: Phone: Supervise			aperviso				_	To: Phone:		
Supervisor.	Supervisor: Phone:				50	aper viso	η.					Thone.	
Vehicle Information													
Driver's License Number:													
Make:	Model:			Color:	lor: Year:			r:	Plate#				
Make:	Model	Model: Co					Year:			Pla	Plate#		
<b>Emergency Contact</b>													
Name of a person not residing	with yo	u:			Relationship:								
Address: State: Zi			Zip C	ip Code:			Phone:						
Three (3) Reference	) C												
Name									Pho	11.0			
1	rume								1 110		—		
1.											—		
2.													

3.



#### YOU MUST INCLUDE THE FOLLOWING ITEMS WITH YOUR APPLICATION:

- 1. **Application Fee:** A check payable to <u>LAKESIDE ASSOCIATION</u> 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 <u>confirm identity</u> 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.				
Applicant Signature:	Co-Applicant Signature:			
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.

CO-APPLICANT S	ICNATUDE	DATE	
APPLICANT SIGN	ATURE	DATE	
	DAT OF		
SIGNED THIS	DAY OF	, 20	
UNIT NUMBER			



I Applicant (s) Name	the	Applicant	hereby	authorizes
Lakeside Association to obtain a consumdeems necessary for evaluating my a information may include, but is not limit information, records of arrest, rental hist records, licensing records, and/or any oth that subsequent consumer reports may authorization in connection with an upon with respect or in connection with the refor which this application was made. Association, LLC and any procurer or liability whatsoever in the use, procurem and understand that my application infolocal, state, and/or federal government various law enforcement agencies.	ner repeated to, of ory, empler neces be obtained or laberater furnishent, or formation	ort and any tion. I uncredit histor ployment/s essary inforrotained and enewal, extended expression of information may be	other infonderstand y, civil are alary detaination. I utilized ension, or rehase of a sty release ormation, of such in provided	that such and criminal ils, vehicle understand under this collection a residence Lakeside from any aformation, to various
(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 THEDAY OF	
(TENANT SIGNATURE)	
(TENANT SIGNATURE)	