



RE-SALE 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 & SALES CONTRACT MUST BE HAND DELIVERED OR MAILED TO THE ASSOCIATION OFFICE.

(Applications & Contracts 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:	Date Delivered to BOD:	Unit #
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Lakeside Re-Sale 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:		How Long:	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:
Address:	State: Zip Code: Phone:

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?	
* If you answered yes to any question(s) please give explanation on back of this sheet.				
Employment Information				
Current Employer:		How Long:	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:	
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 **\$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. **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. A photo of all pets, current vaccinations, and pet fee of \$350.00.
 5. **If applicable:** *Service and/or Emotional Support Animal must complete an additional application.*
 6. A copy of the signed Sales Contract.
- *Prior to moving-in, you must give the office **48 hours notice** to install elevator pads.*
 - *Moving- in times: 8:00 AM TO 8:00 PM.*

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

If approved, please provide a name and address for the Certificate of Approval to be sent.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____



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

CO-APPLICANT SIGNATURE



I _____, Applicant (s) Name, the Applicant here by authorizes Lakeside Association to obtain a consumer report, and any other information it deems necessary for the purpose of 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 whatsoever 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



PET REGISTRATION FORM

(ONE FORM PER PET)

As OWNER(s) of LAKESIDE CONDOMINIUM ASSOCIATION, INC., located at _____ Lavers Circle, Unit _____, Delray Beach, Florida 33444, I/we request permission to bring upon the property and, to keep within the property, a pet that I/we own, described as:

TYPE OF PET: DOG CAT OTHER: _____

NAME OF PET: _____ **COLOR:** _____

SEX: _____ **WEIGHT:** _____ **BREED:** _____

A NON-REFUNDABLE FEE OF \$350.00 IS REQUIRED FOR EACH DOG

The purpose of this Dog Fee is to provide a fund for pet-caused damages to the common areas, ground maintenance and dog waste bags.

1. If permission is granted, I/we will consistently and diligently discipline and supervise said (pet in such a manner as to prevent its becoming, in any way whatever, objectionable to or a nuisance, including excessive barking.
2. Said pet shall never be allowed to freely roam any common area of the Association premises on or off a leash.
3. The pet must be in the company of an individual willing and able to fully control it; and that in matters of its exercise and at all times be under prudent control, considerate of the interests and sensibilities of fellow condominium residents, their guests, and all others.
4. The pet described is not aggressive, vicious, or dangerous to other animals or persons.
5. The owners of said pet will be the responsible person(s) for the pet. Pets are prohibited from urinating within the Building and elevator. Pet owners are required to pick up after their pets.
6. Dog owners are required to submit the \$350.00 fee.
7. If the Board determines the dog to be a nuisance, the Board has the authority to permanently remove the pet from Condominium Property.
8. I/We verify my pet has received all proper inoculations. Proofs of vaccinations are required.
9. Units can have up to 2 pets with a combined weight of up to 100lbs.

(The following breeds are not permitted: Pit Bull, Doberman pinscher (all sizes), Mastiff, Chow Chow, Rottweiler and Presa Conario)

Should legal action become necessary for the Association to enforce the above provisions, Rules and Regulations and Covenants, the owner of the unit shall be held responsible for any attorney's fees and or Fines assessed by the Association.

OWNER SIGNATURE

DATE

CO-OWNER SIGNATURE

DATE



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

CONSENT TO ELECTRONIC TRANSMISSION
(OWNER)

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

This is to certify that the undersigned, constituting all of the record title owners of
LAVERS CIRCLE, DELRAY BEACH, FL. 33444, UNIT #

Hereby specifically consent to receive any and all notices of meetings, communications, or other correspondence from the 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 or ADDRESSES)

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_____.

(OWNER SIGNATURE)

(CO-OWNER SIGNATURE)

