



## **RENTAL 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 # |
|----------------|-------------------|--------|

## Lakeside Rental 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:<br>To:                      | Previous Employer:                  | From:<br>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? |        |
| * If you answered yes to any question(s) please give explanation on back of this sheet. |                                     |                                      |                        |        |
| Employment Information  |                                     |                                      |                        |        |
| Current Employer:   |                                     | From:                                | How Long:              | Phone: |
| Position:   |                                     |                                      | Supervisor:            |        |
| Previous Employer:  |                                     | From:                                | Previous Employer:     |        |
|   |                                     | To:                                  | 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. A copy of the signed Lease Agreement. (By Both Parties)
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.
5. **If applicable:** *Service and Emotional Support Animals must complete an additional application.*

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

- Prior to moving-in, you must give the office **48 hours notice** to install elevator pads.
- Move- in times: **8:00 AM TO 8:00 PM.**
- Tenants will provide **Proof of Renter's Basic Liability** and **Contents Insurance** within **seven (7) business days** after lease starting date.
- **A Security Deposit of \$1,000.00** payable to Lakeside Association (**paid by owner**) for all leases and will be held in a non-interest-bearing escrow account. Upon tenant's departure, the security deposit will be returned, minus any fines or unpaid obligations.

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

|                             |                                |
|-----------------------------|--------------------------------|
| <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**

\_\_\_\_\_  
**CO-APPLICANT SIGNATURE**



I Applicant (s) Name, 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 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



**ADDENDUM TO LEASE AGREEMENT** between \_\_\_\_\_ Owner's Name  
 and \_\_\_\_\_ Tenant Name \_\_\_\_\_ for **Condominium Unit #** \_\_\_\_\_, located at  
 \_\_\_\_\_ **LAVERS CIRCLE**, Delray Beach, Florida, 33444. The parties agree to amend the lease  
 contract and include the following additional provisions as follows:

1. Pursuant to Section 16.9 of the Declaration of Condominium of Lakeside, a Condominium ("Declaration"), As a condition of approval of any lease or lease renewal by the Association, the Owner of the Unit and Tenant must enter into an Addendum to Lease Agreement with the Association which will be strictly enforced by the Association.
2. The Association shall be granted an assignment of all rents payable to the Unit Owner/Landlord under the terms of any lease agreement. Such assignment shall entitle the Association to receive rental fees directly from TENANTS OF UNITS WHICH ARE THIRTY (30) DAYS OR MORE IN ARREARS in the payment of regular or special assessments. The Association may begin to collect such rents upon delivery of written notice by the Association to the Tenant with a copy to the Unit Owner/Landlord. Such rental fees may be used to pay any special or annual assessments, as well as interest, late charge, cost, and attorneys' fees, if any. **THE LEASE SHALL INCLUDE A PROVISION GRANTING THE ASSOCIATION AUTHORITY AND STANDING TO EVICT ANY LESSEE OF A UNIT OWNER WHO IS IN BREACH OR VIOLATION OF THIS DECLARATION OR THE RULES AND REGULATIONS OF THE ASSOCIATION. Please Note:** Recording of an eviction, filing of a lien and/or foreclosure may show on your credit score for up to seven (7) years.

All transfers by lease will be conditioned upon the posting of a security deposit not to exceed the maximum amount permitted by the Condominium Act, as same may be amended from time to time. For all leases, the Association requires a **\$1,000 security deposit**. All security deposits are to be **paid to Lakeside Association, Inc.** and will be held in a non-interest-bearing escrow account. Upon tenant's departure, security deposit will be returned to the depositor less any fines, damages, or unpaid obligations to the Association.

**In the event that the tenant terminates the lease prior to the agreement ending date, the unit owner is subject to the leasing restrictions in the Declaration which includes a lease of no less than Ninety (90) days, before a new rental certificate will be approved.**

Pursuant to Rule 42 (g) below, as a condition of approval of any lease by the Association, the Owner of the Unit and the Tenant must enter into an Addendum to Lease Agreement with the Association, which is strictly enforced.

In the event that the Owner provides the security deposit to the Association, in event of breach of the Addendum to Lease Agreement by Owner or Tenant, the Association will be entitled to use the Owner's security deposit to pay Owner's unpaid assessments, fines, and other charges due and owing to the Association.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Owner Signature**

\_\_\_\_\_  
**Tenant Signature**

\_\_\_\_\_  
 Owner Signature

\_\_\_\_\_  
 Co-Tenant Signature



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 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\_\_\_\_\_.

\_\_\_\_\_  
**(TENANT SIGNATURE)**

\_\_\_\_\_  
(TENANT SIGNATURE)

