



## **RE-SALE APPLICATION**

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

**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**

<i>Date Received:</i>	<i>Date Delivered to BOD:</i>	<i>Unit #</i>
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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:	
Supervisor:		Phone:	From: To:	
Supervisor:		Phone:	Supervisor:	
Supervisor:		Phone:	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.*
  - *Move-in times: Monday – Sunday 8:00 AM TO 8:00 PM.*

<b>I authorize the verification of the information provided on this form as to my credit and employment.</b>	
<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





**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 allowed: Pit Bull, Doberman pinscher (all sizes), Mastiff, Chow-Chow, Rottweiler and Presa Canario)**

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:

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**(LEGIBLY PRINT E-MAIL ADDRESS or ADDRESSES)**

I understand that if I wish to revoke this Consent or change the e-mail address 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 and communications or other correspondence by electronic transmission.

DATED THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**(OWNER SIGNATURE)**

\_\_\_\_\_  
(CO-OWNER SIGNATURE)

