



Application Fee	\$125.00	One Fee Only Total	
Background Screening Fee	\$125.00 each person	Each Purchaser(s) All Occupant(s)	
Copy of Contract or Lease	Attach		
Date of Estimated Closing?	/ /		

CHECK ONLY: Payable to- Lakeridge Greens HOA
All Fees may be contained in one check

Pet Approval Requirements:	Max. 1 Dog/ < 25lbs Current Vet Certificate Stating Breed, Age, Current Weight & Expected Weight at Full Growth Cats <2 Maximum Picture Record Required	
All Application Package Paperwork Filled Out Completely? Signed by all parties? Dated?	Purchaser(s)	
Background Screening Form Completed? Legible? Signed? Dated? for EACH Purchaser and/or Occupant?	Purchasers(s) Occupant(s)	
Valid Copy of Driver's License	Purchaser(s)/Occupant(s)	
Valid Copy of Vehicle Registrations	Purchaser(s)/Occupant(s)	

Please submit completed paperwork to the address indicated below by mail or delivery.

Questions??? lakeridgegreenshoa@gmail.com
6824 Sun River Road, Boynton Beach, Florida 33437



RESALE / RENTAL APPLICATION

Purchase/Lease Property Address: _____

Seller(s)/Landlord(s) Name(s): _____

Purchaser(s)/Tenant(s) Name(s): _____

Telephone Number(s): _____ Email Address(s): _____

Please attach a complete legible copy of the Contact of Sale / Lease Agreement to this Application, as well as a copy of Purchaser(s) Driver License(s).

REALTOR FOR SELLER

Name

Company

Email

Phone

REALTOR FOR PURCHASE

Name

Company

Email

Phone

HOMEOWNERS ASSOCIATION GOVERNING DOCUMENTS, CLUBHOUSE ENTRY KEY FOBS AND/OR CARDS MUST BE PROVIDED TO PURCHASER AT TIME OF CLOSING. ALL SELLER(S) ARE REQUIRED TO PROVIDE PURCHASER WITH AN ENTIRE SET OF THE LAKERIDGE GREENS HOMEOWNERS ASSOCIATION GOVERNING DOCUMENTS. ALL SELLERS MUST HAVE THESE DOCUMENTS READILY AVAILABLE UPON LISTING HOME TO PROVIDE TO LISTING REALTOR FOR INFORMATIONAL PURPOSES FOR SALE INQUIRIES AND TO PROVIDE TO PURCHASER(S) AT CLOSING THE ABOVE REFERENCED ITEMS ARE NOT THE RESPONSIBILITY OF THE HOMEOWNERS ASSOCIATION TO PROVIDE TO SELLERS, REALTORS OR NEW PURCHASERS. PLEASE SIGN BELOW TO ACKNOWLEDGE THE ABOVE WRITTEN STATEMENT.

Seller(s) Signature

Purchaser(s) Signature

Seller(s) Signature

Purchaser(s) Signature

Dated: _____

Dated: _____



Lakeridge Greens HOA Application

APPLICANTS PERSONAL INFORMATION

FIRST NAME	MIDDLE	LAST
DATE OF BIRTH	MARITAL STATUS	DRIVERS LICENSE # STATE
HOME PHONE #	CELL PHONE #	WORK PHONE #
PRESENT HOME ADDRESS	CITY / STATE	EMAIL

PROPERTY INFORMATION

Lakeridge Greens Address:
Property (SELLER) Owner's Name:
(SELLER)Realtor's Name / Phone #/EMAIL:

PROPOSED OCCUPANTS

NAME	RELATIONSHIP	DATE OF BIRTH
NAME	RELATIONSHIP	DATE OF BIRTH
NAME	RELATIONSHIP	DATE OF BIRTH

ATTENTION PET OWNERS: ALL RESIDENTS MOVING INTO THE LAKERIDGE GREENS COMMUNITY WITH A DOG WILL BE REQUIRED TO HAVE A PET CERTIFICATE COMPLETED BY A LICENSED VETERINARIAN WHICH STATES THE BREED, AGE, WEIGHT AND EXPECTED WEIGHT OF YOUR DOG. A CURRENT PHOTO SHOULD ALSO BE PROVIDED WITH APPLICATION PAPERWORK.

PROPOSED PET(S) – “ONE” DOG LIMIT – STRICT 25LBS OR UNDER/ CATS -LIMIT 2 PLEASE

NAME	TYPE/BREED	WEIGHT
NAME	TYPE/BREED	WEIGHT

VEHICLE(S) INFORMATION – NO COMMERCIAL VEHICLES OR PICKUP TRUCKS PERMITTED

MAKE	MODEL	YEAR	COLOR	PLATE #	STATE
MAKE	MODEL	YEAR	COLOR	PLATE #	STATE

APPLICANT'S SIGNATURE _____ DATE: _____



Governing Documents
Rules & Regulations Acknowledgement

To: Lakeridge Greens Homeowners Association
Re: Application

I/We, _____,
have received a copy of the Lakeridge Greens Homeowners Association
Governing Documents along with the Association Rules & Regulations, and
agree to abide by all as noted and required by the Lakeridge Greens
Homeowners Association.

Print Name	Date

Signature	Date

Print Name	Date

Signature	Date

Fair Housing Exemption Act Certification

In order to maintain our status as a community in compliance with the Fair Housing Exemption Act, the Association must maintain a current certification of the percentage of age compliant residential units within our community.

Please complete the Registration form below and return it to the Lakeridge Greens Clubhouse office along with A COPY OF A VALID LEGAL IDENTIFICATION form proving the age of the compliant resident, such as a drivers license, passport, birth certificate, military ID or any legal document that establishes your name and date of birth.

We appreciate your promptness and cooperation. If you require assistance, you may contact the on-site administrator.

DETACH FOR FILING

FAIR HOUSING ACT REGISTRATION

Please complete the following and return to the Lakeridge Greens Clubhouse Office along with a copy of the legal identification attached proving the age of the compliant resident

Print the name of the Age Compliant Resident: _____

Address of the unit: _____

Please state the type of document you have used to prove the age: _____

Signature of age compliant resident: _____

Date: _____



Lakeridge Greens Homeowners Association, Inc.
Background Check - Release Authorization

I hereby authorize your company or any agent of your company, to contact any of my references, previous employers, companies, credit bureaus, corporations, law enforcement agencies, persons and educational institutions to supply any information concerning my background and criminal History. I also hereby release any of the above from liability, including the managing agent for the above, from responsibility arising from their doing so. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of right of occupancy and/or forfeiture of deposit and may constitute a criminal offense under the laws of this state. I believe to the best of my knowledge that all information I have provided is accurate and that I fully understand the terms of this release.

Photocopies of this authorization form may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this authorization, it should be treated as an original and the requested information should be release to facilitate my/our application for residency.

Applicant Name: _____

Street Address: _____

City/State/Zip: _____

Social Security #: ____ - ____ - ____ Date of Birth: ____ / ____ / ____

Sex: _____

Applicant Signature: _____ Date: ____ / ____ / ____

Co-Applicant Name: _____

Street Address: _____

City/State/Zip: _____

Social Security #: ____ - ____ - ____ Date of Birth: ____ / ____ / ____

Sex: _____

Co-Applicant Signature: _____ Date: ____ / ____ / ____