

Lakeridge Greens Homeowners Association, Inc.

New Homeowner(s)/Tenant(s) Application/Processing Fees

Application Fee	\$125.00
Background Screening Fee	\$125.00 per person

CHECK ONLY- Payable to: Lakeridge Greens HOA

All Application paperwork must be accurately completed and all signatures obtained on all paperwork in order for application to be accepted and processed. Please make certain that all of the below listed documents are included with your application submission

ADDITIONAL DOCUMENT REQUIREMENTS:

- Copy of Contract OR Lease
- Copy of all Drivers Licenses(Owner(s) & Occupant(s))
- Copy of all Vehicle Registrations(Owner(s) & Occupant(s))
 - Vet Certificate (If Applicable)

Please note estimated closing date on paperwork prior to submission

Thank you!

LAKERIDGE GREENS HOMEOWNERS ASSOCIATION
AN ACTIVE ADULT (55+) COMMUNITY

RESALE / RENTAL APPLICATION

ADDRESS OF PROPERTY: _____

SELLER / landlord: _____

PURCHASER(S) / tenant(s): _____

ADDRESS: _____

TELEPHONE NO.: _____

DATE OF BIRTH: _____

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

REALTOR FOR PURCHASE

HOMEOWNER ASSOCIATION DOCUMENTS, HOUSE KEYS & CLUBHOUSE KEY FOBS AND ANY GATE CARDS MUST BE PROVIDED TO PURCHASER(S) AT CLOSING. SELLER(S) ARE ALSO REQUIRED TO PROVIDE PURCHASER(S) WITH A COPY OF THE BYLAWS OF LAKERIDGE GREENS H.O.A. THE ABOVE ITEMS ARE NOT THE RESPONSIBILITY OF THE H.O.A. TO PROVIDE TO NEW HOMEOWNERS. SELLERS MUST HAVE THE ABOVE ITEMS AVAILABLE TO PROVIDE TO PURCHASER(S). PLEASE SIGN BELOW TO ACKNOWLEDGE THE ABOVE WRITTEN STATEMENT.

Seller(s)

Purchaser(s)

Dated: _____

Dated: _____

(Do not write on this page. Official Use Only)

LAKERIDGE GREENS HOMEOWNERS ASSOCIATION

Re: _____
(Property Address)

_____ is hereby
(Name of Purchaser(s) / Tenant(s))

Approved / disapproved as Purchaser(s) / Tenant(s) of the above stated property.

Dated: _____

Lakeridge Greens Homeowners Association

Reviewed By: _____

Title: _____

PLEASE NOTE:

HOMEOWNER ASSOCIATION DOCUMENTS, HOUSE KEYS AND CLUBHOUSE FOBS/CARDS AND ANYGATE CARDS MUST BE PROVIDED BY SELLER(S) TO PURCHASER(S) AT CLOSING. THE ABOVE ITEMS ARE NOT THE RESPONSIBILITY OF THE H.O.A. TO PROVIDE TO NEW HOMEOWNER(S) THEY ARE HOWEVER THE RESPONSIBILITY OF THE SELLER(S) TO MAKE AVAILABLE TO PURCHASER(S).

Warranty Deed must be forwarded to Management Company upon closing as Proof of Residency.



Lakeridge Greens HOA Application

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

PROPERTY INFORMATION
Address
Property Owner's Name
Realtor's Name / Phone #

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.

PROPOSED PET(S) - ONE DOG LIMIT 25LBS OR UNDER ONLY 1 DOG

NAME	TYPE/BREED	WEIGHT
NAME	TYPE/BREED	WEIGHT

VEHICLE(S) INFORMATION - NO PICKUP TRUCKS					
MAKE	MODEL	YEAR	COLOR	PLATE #	STATE
MAKE	MODEL	YEAR	COLOR	PLATE #	STATE

APPLICANT'S NAME _____

APPLICANT'S SIGNATURE _____ DATE: _____

LAKERIDGE GREENS HOMEOWNERS
ASSOCIATION

Rules & Regulations Acknowledgement

To: Lakeridge Greens Homeowners Association

Re: Application

I, _____,
have received a copy of the Rules & Regulations, and agree to abide by these
and the Documents of Lakeridge Greens HOA.

Signature

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: _____

**PROFESSIONAL
SCREENING SERVICES**

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: ____ / ____ / ____

Race: _____ Sex: _____

Applicant Signature: _____ Date: ____ / ____ / ____

Co-Applicant Name: _____

Street Address: _____

City/State/Zip: _____

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

Race: _____ Sex: _____

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