

# *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, Inc.*

## RENTALS

We are pleased that you are considering making Lakeridge Greens your home for the foreseeable future. To make certain you are going to be happy living with us in Lakeridge Greens, we have put together a short introduction to our community, along with a copy of our Rules and Regulations, and an application. Due to the fact that we are a Homeowners' Association community, there are a number of rules which ensure that the property and common areas that you find so attractive remain so. There is a confirmation sheet which you will sign indicating your acknowledgement and understanding of our Rules & Regulations, all residents are subject to our Bylaws, Articles of Incorporation, and Restrictions and Protective Covenants, a copy of which the property owner can provide to you.

### Rules and Regulations

In addition to the enclosed booklet entitled "Rules & Regulations", the following which is not contained in the Rules & Regulations Booklet, is also presented for your review and compliance:

- Every lease must be approved by the Association.
- Every lease shall be for no less than 12 months. In the event of an early termination, no additional lease shall be permitted until the 12 month period has elapsed.
- At least one occupant of the house (resident) must be at least 55 years of age.
- No commercial vehicles, campers, mobile homes, boats, trailers of any type, full or large size pick-up trucks, or commercial type vans will be allowed. No commercial lettering or signs on vehicles will be allowed. No vehicle which is unlicensed or inoperable will be allowed unless stored completely enclosed inside a garage.
- Pets, such as dogs and cats, are limited to one dog, having a maximum weight of 25 pounds.
- Garbage should not be placed at curb for pickup until 6:00 p.m. on the evening prior to the scheduled pick up and should be kept in a sealed container.
- No noxious or illegal activity shall be carried on upon any Lot, nor shall anything be done which may be or may become an annoyance or nuisance to the neighborhood or another resident.
- No temporary structures, pods, tents, mobile homes, recreational vehicles, or the like may be stored on any Lot.

*6824 Sun River Road  
Boynton Beach, FL 33437  
Tele: (561) 735-3177 • Fax: (561) 735-3117*

If you have any questions, please refer than to our Office Administrator.

We hope you appreciate the value we place on living in our community and look forward to having you as one of our fine, caring neighbors.

Lakeridge Greens HOA

**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             |
| PRESENT HOME ADDRESS | CITY / STATE   | WORK PHONE #      |
|                      |                | 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

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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.

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DETACH FOR FILING

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## 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_