

<u>For Office Use Only</u>	
Info entered in following lists:	
_____	Sale/Lease List
_____	Unit Owner Mailing Lists (Excel/Word)
_____	Unit Owner Sign-in List
_____	Date of Interview

<u>For Office Use Only</u>	
Guest Name	_____
Unit #	_____
Check #	_____
Date Received	_____
Background/Credit requested	_____
Background/Credit approved	_____

LAKE FOREST CONDOMINIUM ASSOCIATION
6350 93rd Terrace North
Pinellas Park, FL 33782
Phone (727) 546-4764
Fax (727) 548-4634

APPLICATION FOR A REGULAR GUEST

1. Fill out application completely. Put N/A on any line that does not apply. All applicants and the current owner (or owner’s rental/sales agents) must sign the application. All occupants of the unit must be included on the application. Any incomplete form will be disapproved or returned.

The completed application must be submitted to the management office at least ten (10) business days prior to the expected date of closing or occupancy. Occupancy prior to Board approval is PROHIBITED.

2. One application and the \$20 application fee (check or money order) per “GUEST” is to be submitted to the office.

All applicants will be required to attend an in-person orientation prior to the final Board of Directors approval.

3. All REGULAR GUESTS 20 years and older must submit a separate application.
4. All Applicants as a REGULAR GUEST must abide by all Rules and Regulations set forth by the Condominium Association which shall be provided by the Unit Owner.
5. A PHOTO IDENTIFICATION IS REQUIRED TO BE INCLUDED WITH THE APPLICATION WHEN SUBMITTED TO THE ASSOCIATION FOR APPROVAL.

YOU MUST PRINT OR TYPE ALL INFORMATION

Current Owner(s): _____

Condominium Address: _____ Unit# _____

Applicant (#1): _____

Applicant (#2): _____

Current Address: _____

How Long? _____ Cell Telephone: _____

Email address _____

Applicant (#1) Occupation: _____

Place of Employment _____

Supervisor _____ Work Telephone _____

Applicant (#2) Occupation: _____

Place of Employment _____

Supervisor _____ Work Telephone _____

Any Pets? Yes No (please circle) How Many? _____

Type: _____

Dog Breed Restrictions: Pit Bull, Rottweiler, Mastiff, Presa Canario and any crossbreeds of such breeds) See Bylaws, Article 2, Section 2.5(b)(1) for full explanation.

List All Vehicles of Applicants:

Vehicle Make/Year	Model	Color	License Plate

EACH APPLICANT PLEASE INITIAL EACH OF THE FOLLOWING:

1. In making the foregoing application, I (we) represent to the Board of Directors that the purpose for the occupancy of the condominium unit is as follows:
Temporary Guest_____ Occasional Guest_____
2. I (we) hereby agree and on behalf of all persons who may use the unit which I (we) seek to occupy that I (we) will abide by all restrictions which are or may in the future be imposed by the Association. _____
3. I (we) have received and read a copy of the Rules and Regulations.
Yes_____ No _____
4. I (we) understand that I (we) will be advised by the Board of Directors of either acceptance or denial of this application. _____
5. I (we) understand that the acceptance for occupancy of a unit at Lake Forest Condominium Association of Pinellas County, Inc. is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of the information of these forms will result in the automatic rejection of this application. _____

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In making the foregoing application, I (we) are aware that the decision of the Board of Directors will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

SIGNATURE: \_\_\_\_\_  
APPLICANT

SIGNATURE: \_\_\_\_\_  
APPLICANT

SIGNATURE: \_\_\_\_\_  
OWNER

SIGNATURE: \_\_\_\_\_  
OWNER

~~~~~  
BELOW FOR OFFICE USE ONLY

APPROVED: _____
COMMITTEE/BOARD MEMBER

DATE: _____

APPROVED: _____

DATE: _____

COMMITTEE/BOARD MEMBER

One signature required for approval.

AUTHORIZATION FOR BACKGROUND CHECK

(Unmarried Co-Applicants must fill out a separate application; Do not leave any blank spaces. Please use black ink.)

Association Name: LAKE FOREST CONDOMINIUM ASSOCIATION, INC
Association Address: 6350 93rd Terrace North, Pinellas Park, FL 33782
Association Telephone: (727) 546-4764 Fax: (727) 548-4634

Purchaser / Lessee Name: _____ DOB: _____

Social Security #: _____ Driver License No./State: _____

Spouse/Co-Applicant Name: _____ DOB: _____

Social Security #: _____ Driver License No./State: _____

Present Address: _____
Street Address Apt City State Zip

Previous Address: _____
Street Address Apt# City State Zip

Have you ever been convicted of a felony? Applicant Yes ___ No ___ Spouse/Co-Applicant: Yes ___ No ___

NOTE: If you answered yes to any of the above questions, please explain the circumstances on a separate page which should be attached to this application.

AUTHORIZATION OF RELEASE OF INFORMATION: The information contained in this application is correct to the best of my knowledge. I hereby authorize Lake Forest Condominium and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Lake Forest Condominium or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

** Lake Forest Condominium and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Applicant's Signature Date: _____ Spouse/Co-Applicant Signature Date: _____

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Date Ordered: _____

Closing/Occupancy Date _____

Approved: _____ Not Approved: _____ Manager's Signature: _____

**LAKE FOREST CONDOMINIUM ASSOCIATION
RESIDENT EMERGENCY CONTACT INFORMATION FORM**

Should the Regular Guest be the only person in the unit and an emergency arises, we ask that you provide an emergency contact for your benefit.

Regular Guest's Name(s) _____

Property Address _____ Unit _____

Unit Owner's Name: _____

Unit Owner's Phone Number: _____

EMERGENCY CONTACT:

Name(s): _____

Address: _____

Phone Number(s): _____

Relationship: _____

Date _____

Signature

Please notify the Association immediately of any change(s) to this list.

LAKE FOREST CONDOMINIUM ASSOCIATION

PET REGISTRATION FORM

<input type="checkbox"/> NO PET
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The Lake Forest Condominium Association, Inc. Bylaws, Article 2, Section 2.5(b)(1), states in part that a unit owner may keep no more than two (2) domesticated dogs, of gentle disposition, in his or her unit at any time. Under no circumstances will any dog whose breed is noted for its viciousness or ill-temper, in particular, the "Pit Bull" (as hereinafter defined), Rottweiler, Mastiff, Presa Canario, or any crossbreeds of such breeds, be permitted on any portion of the Property. A "Pit Bull" is defined as any dog that is an American Pit Bull Terrier, American Staffordshire Terrier, Staffordshire Bull Terrier, or any dog displaying a majority of the physical traits of any one or more of the above breeds, or any dog exhibiting those distinguishing characteristics which substantially conform to the standards established by the American Kennel Club or Unit Kennel Club for any of the above breeds. Domesticated cats, fish, birds, and hamsters are permitted in condominium units, provided they are properly confined or caged, and provided they are not bred for commercial purposes. No other pets of any kind shall be permitted in any unit. All such pets must be inoculated as required by law, and registered with the board of directors of the association.

A COPY OF PINELLAS COUNTY LICENSE, IMMUNIZATIONS AND A PHOTO OF YOUR PET(S) IS REQUIRED TO BE INCLUDED WITH THE APPLICATION.

Your Name: _____ Unit # _____

1) Type of pet: (dog/cat/bird, etc.) _____

Breed: _____ Color/markings: _____

Name of pet: _____ Age of pet: _____

Pinellas County License Number _____

2) Type of pet: (dog/cat/bird/etc.) _____

Breed: _____ Color/markings: _____

Name of pet: _____ Age of pet: _____

Pinellas County License Number _____