

For Office Use Only

Info entered in following lists:

- _____ Sale/Lease List
- _____ Unit Owner Mailing Lists
(Excel/Word)
- _____ Unit Owner Sign-in List

For Office Use Only

Buyer/Tenant 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 SALE/LEASE

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. The lease agreement/sales contract must be included with 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. **A.) One (1) application and \$100 application fee is permitted to be submitted by a married couple as long as all applicants' names are on Deed or Lease Agreement.**

B.) If two (2) or more individuals are applying (related or not related); and only one (1) applicant's name is on Deed or Lease Agreement, each person must complete an application and submit with \$100 application fee.

3. **Per the Rules and Regulations, please note that the following rules apply to the lease of units: A.) lease period must be minimum ninety (90) days.**
4. **Mail the completed application with a check/money order (payable to Lake Forest Condominium) in the amount of \$100.00.**
5. **The seller or current owner must provide the purchaser or lessee with a copy of all condominium documents and rules and regulations.**
6. **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

Sellers Name(s): _____

Condominium Address: _____ **Unit #** _____

Check one: _____ **Sale** or _____ **Lease**

Closing/Occupancy Date: _____ **Sale/Lease Price: \$** _____

Lease Term: From _____ **To** _____

Applicant (#1): _____

Applicant (#2): _____

Current Address: _____

Email Address: _____

How Long? _____ **Home/Cell Telephone:** _____

Applicant (#1) Occupation: _____

Place of Employment _____

Supervisor _____ **Work Telephone** _____

Applicant (#2) Occupation: _____

Place of Employment _____

Supervisor _____ **Work Telephone** _____

List All Other Occupants, Age and Relationship. Children over 20 and other Proposed Occupants are considered CO-Occupants and MUST COMPLETE A SEPARATE APPLICATION:

NAME	RELATIONSHIP	BIRTHDATE/AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

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, Spouse, and Dependents:

Vehicle Make/Year	Model	Color	License Plate

Real Estate Agent Name: _____ Phone: _____

Name and Address of Closing Company or Attorney Handling Closing: This information must be provided so that condominium approval letter can be issued prior to closing.

Name _____ Phone: _____

Address _____ Fax: _____

EACH APPLICANT PLEASE INITIAL EACH OF THE FOLLOWING:

- In making the foregoing application, I (we) represent to the Board of Directors that the purpose for the purchase or lease of the condominium unit is as follows:
 Permanent Residence _____ Seasonal Residence _____ Other _____
- I (we) hereby agree and on behalf of all persons who may use the unit which I (we) seek to purchase or lease that I (we) will abide by all restrictions which are or may in the future be imposed by the Association.
- I (we) have received a copy of all Condominium Documents:
 Yes _____ No _____

 I (we) have received and read a copy of the Rules and Regulations:
 Yes _____ No _____
- I (we) understand that I (we) will be advised by the Board of Directors of either acceptance or denial of this application.
- If this application is accepted, I (we) will provide a copy of the closing statement and deed within 10 days after closing to Resource Property Management 7300 Park Street Seminole, FL 33777, Fax (727) 548-2118.
- I (we) understand that the acceptance for purchase or lease 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.

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. **COPY OF DEED REQUIRED AFTER CLOSING.**

SIGNATURE: _____
APPLICANT

SIGNATURE: _____
APPLICANT

SIGNATURE: _____
SELLER

SIGNATURE: _____
SELLER

BELOW FOR OFFICE USE ONLY

Lake Forest Condominium Association
6350 93rd Terrace North
Pinellas Park, FL 33782
(727) 546-4764

Unit # _____

APPROVED: _____ DATE: _____
COMMITTEE MEMBER

APPROVED: _____ DATE: _____
COMMITTEE MEMBER

APPROVED: _____ DATE: _____
BOARD MEMBER

APPROVED: _____ DATE: _____
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 understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

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**

Resident's Name(s)

Property Address _____ Unit _____

Local Phone Number () _____

Are you the Owner _____ OR Tenant _____

Name(s) of ALL Additional Occupants Residing in Unit:

_____ Relationship
_____ Relationship
_____ Relationship
_____ Relationship

EMERGENCY CONTACT:

Name(s) _____

Address _____

Phone Number(s) _____

Relationship: _____

Date _____

Signature

Signature

If you are the Tenant, please complete the following information:

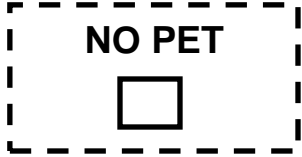
Unit Owner's Name: _____

Unit Owner's Phone Number: _____

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

RESOURCE PROPERTY MANAGEMENT
PET REGISTRATION FORM

LAKE FOREST CONDOMINIUM ASSOCIATION



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, IMMUNIZATION RECORDS 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 _____

If additional space is needed, please make a copy of this page or provide information on a separate sheet. Additional forms are also available at the Lake Forest Office.