LEASE

7-0350LAUDERDALE WEST COMMUNITY ASSOCIATION NO. 1, INC.
1141 NW 85TH AVENUE
PLANTATION, FLORIDA 33322
Ph: (954) 473-8219 Ext. 118
Email: applicationsapproval@lauderdalewest.org

TENANT/OCCUPANCY – IMPORTANT INFORMATION

- **All applicants/occupants must complete an application. Please use BLUE ink only**
- **Only original applications with original signatures and notary will be processed.**
- **Application fee for first 2 people is $100. Additional person is $50**
- **Correctly completed applications may take 30 days for processing**
- **Incomplete applications will not be processed**
- **All documentation is required for each applicant/occupant**
- **Exterior home inspections are conducted and repairs made (if required) before board approval**
- **All signatures must match official identification**
- **The business office is open Monday-Friday 9:00am to 12 pm**
- **An appointment is required to drop off the application and check**
- **Lauderdale West is a pet free community.**
- **Parking is limited to driveway availability**

Single Driveway	**= 1 CAR**
Double Driveway	**= 2 CARS**
PLEXES	**= 2 CARS**

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APPLICATION FOR TENANT/RESIDENCE

Today's Date: _____

Thank you for your interest in leasing a home here in Lauderdale West. We are a Condominium Association as per the State of Florida. We are governed by a set of Rules and Regulations, and we follow all Federal, State and local laws.

Please read this application carefully and complete all pages. This application will become your contract with the Association and all signatures and notaries must be original. At least one full-time occupant must be 55 years old and no one under the age of 18 is permitted to reside here. All requested documentation must be attached to this application for each applicant/occupant. Incomplete applications will not be processed. You may photocopy pages for additional applicants. Please submit all twelve (11) pages of this Application.

Property Address: _____Unit #: _____

Name on Lease #1 Print Name _____DOB:_____

Address: _____

Phone: _____Email: _____

Name on Lease #2 Print Name _____DOB:_____

Address: _____

Phone: _____Email: _____

OCCUPANT Print Name: _____DOB:_____

Address: _____

Phone: _____Email: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

EMPLOYMENT:

Applicant #1 **Retired: _____**

Employer:_____# years_____

Supervisor: _____ Phone: _____

Applicant #2 **Retired: _____**

Employer: _____

Supervisor: _____ Phone:_____

FOREIGN NATIONALS – ONLY

Applicant(s) must initial each line indicating the required documentation listed is enclosed

_____ Completed Application

_____ Copy of current VISA and PASSPORT

CANADIAN CITIZENS – ONLY

Applicant(s) must initial each line indicating the required documentation listed is enclosed

_____ Completed Application

_____ Copy of current PASSPORT

ACKNOWLEDGEMENT 1 OF 2

All Applicants must initial each line indicating their understanding and agreement

_____ I understand that the application process can take up to thirty (30) days, and I agree I will not occupy the premises prior to my orientation and certificate of approval being issued.

_____ I have received, read, understand, and agree to comply with the Association documents.

- Failure to comply with any provisions of the Association documents including the Rules and Regulations may result in a violation and will be subject to fines and/or any legal expenses incurred by the Association.

_____ I understand that all communications from the Association will be in English and I have a designated person who will translate all communications to me in my native language.

_____ **I understand the occupancy restrictions for this Community are as follows:**

- **This is a 55 and older community.** At least one occupant aged 55 or older must occupy/reside in the unit at all times.
- No one under the age of 18 may reside in the unit.
- Failure to comply with the age requirements may result in a violation and will be subject to fines and/or any legal expenses incurred by the Association.

_____ **I understand that the vehicle and parking restrictions for this Community are as follows:**

- **There is no public parking in our Community.**
- Commercial trucks/vans, RV's or buses are not allowed to be parked on this property.
- Parking is limited: single driveway = 1 car, double driveway = 2 cars, Plexes = 2 cars.
- Only vehicles with valid and current registrations may be parked in this Community.
- No overnight parking is permitted in any parking lot, streets or swales without written Board approval.
- Parking on the grass is not permitted.
- Illegally parked vehicles will be towed.
- Parking lots are for residents using clubhouse facilities, tennis courts or pools/spas.
- Failure to comply with the parking restrictions may result in a violation and will be subject to fines and/or any legal expenses incurred by the Association.

_____ **I understand that the pet restrictions for this Community are as follows:**

- **Pets are not permitted.**
- **For Service Animals and Emotional Support Animals, you must complete and submit the appropriate Pet Application.**
- Failure to comply with the pet restrictions of the Association documents may result in a violation and will be subject to fines and/or any legal expenses incurred by the Association

_____ **I understand that all future alterations, improvements and modifications or plantings to the property must receive written Board approval before any work can commence.**

- **Written Board Approval is required for all modifications.**
- Existing hardscaping and landscaping are the responsibility of the homeowner.
- Failure to comply with the application process may result in a violation and will be subject to fines and/or any legal expenses incurred by the Association.

ACKNOWLEDGEMENT 2 OF 2

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, please explain the circumstances regarding the situation on a separate piece of paper attached and attach to the application.

ALL APPLICANTS MUST ANSWER EACH QUESTION BELOW	APPLICANT	CO-APPLICANT
1.Have you ever had an eviction filed against you?	Yes ( ) No ( )	Yes ( ) No ( )
2. Have you ever moved out owing money to any owner or landlord?	Yes ( ) No ( )	Yes ( ) No ( )
3. Have you ever applied for residency anywhere in the past 2 years, but did not move in or were denied residency	Yes ( ) No ( )	Yes ( ) No ( )
4. Have you ever had adjudication withheld or been convicted of a crime?	Yes ( ) No ( )	Yes ( ) No ( )

APPLICANT ACKNOWLEDGES THAT FALSE OR OMITTED INFORMATION HEREIN MAY CONSTITUTE GROUNDS FOR REJECTION OF THIS APPLICATION, DETERMINATION OF OCCUPANCY APPROVAL AND/OR FORFEITURE OF FEES OR DEPOSITS.
I/WE CERTIFY UNDER PENALTY OF PERJURY THAT I/WE AGREE TO AND UNDERSTAND ALL ITEMS ON THESE PAGES THAT ARE PART OF THIS APPLICATION FOR OCCUPANCY

_____ _____
#1 Applicant Name Printed **#2 Co-Applicant Name Printed**

_____ _____
#1 Applicant Signature **#2 Co-Applicant Signature**

_____ _____
Date **Date**

_____
#3 Applicant Name Printed

_____
#3 Applicant Signature

_____
Date

LEASE

REFERENCE:

Applicant #1 (Do not use the same references for each applicant)

Name: _____

Phone: _____

Name: _____

Phone: _____

Applicant #2 (Do not use the same references for each applicant)

Name: _____

Phone: _____

Name: _____

Phone: _____

Applicant #2 (Do not use the same references for each applicant)

Name: _____

Phone: _____

Name: _____

Phone: _____

LESSOR REALTOR

Agent: _____

Phone: _____

Email: _____

LESSEE REALTOR

Agent: _____

Phone: _____

Email: _____

LAUDERDALE WEST COMMUNITY ASSOCIATION NO. 1, INC.
APPLICATION FOR RESIDENCY

ATTACHMENTS TO APPLICATION:

ALL APPLICANTS MUST INITIAL EACH LINE INDICATING THE REQUIRED DOCUMENTATION IS ENCLOSED. "N/A" if not applicable

_____ **Application Fee for Purchasers:**

a. The Application fee is $100.00 per 2 applicants and $50 for additional applicant. A non-refundable Check or Money Order, in the appropriate amount payable to Lauderdale West Community Association

_____ **Color Photo Identification for each applicant (with legible signature)**

b. Drivers' License or Non-Drivers' License or State Issued ID (front and back)
c. Passport
d. Government ID

_____ **Proof of Age for each applicant**

e. Drivers' License or Non-Driver's License
f. Passport

_____ **Copy of vehicle documents for each applicant**

i. Current Vehicle Registration
j. Current Vehicle Insurance

_____ **Copy of Lease signed by all applicants**

k. Sales Contract
l. All occupants must be listed on document.

_____ **Receipt of Updated Association Documents**

If you received documents from the Seller, they may not be current. It is the homeowners responsibility to have a copy of complete and current Association documents. Updated copies are available for sale. To purchase a current set of Association Documents, please provide a Check or Money Order only, in the amount of twenty-five ($25.00) dollars payable to Lauderdale West Community Association.

ACCUDATA, INC.
SCREENING AUTHORIZATION FORM
(ONE FOR EACH APPLICANT)

Please Print Name: _____Sex_____

Address: _____

City: _____State: _____ Zip Code: _____

Social Security Number: _____

Date of Birth: _____

I give my authorization to the Accudata Holdings, LLC client below, Accudata Holdings, LLC or any party or agency contacted by the aforementioned to obtain and verify the above information, concerning a credit report, criminal records, motor vehicle and other history. I understand that inquiries may be made to various Federal and State agencies, employers, and references.

Applicant's Signature: _____Date: _____

The background check company who will be conducting such checks is Accudata Holdings, LLC , 1010 S Federal Hwy, Suite 1400, Hallandale Beach, FL 33009, (772) 460-9893, www.accudataholdings.com.

(ACCUDATA HOLDINGS, LLC – CLIENT INFORMATION ONLY)

Company Name: LAUDERDALE WEST COMMUNITY ASSOCIATION NO. 1, INC.

Contact Name: APPLICATIONS APPROVAL OFFICE

Phone: (954) 473-8219 – Ext 118 Fax: (954) 474-5433

Email (for results) : applicationsapproval@lauderdalewest.org

TYPE OF SCREENING REQUESTED (PLEASE CIRCLE)

Package: 1 2 3 4 Other Services A B (C) D E (F) G H I

UNIT #: _____

ACCUDATA, INC.
SCREENING AUTHORIZATION FORM
(ONE FOR EACH APPLICANT)

Please Print Name: _____Sex_____

Address: _____

City: _____State: _____ Zip Code: _____

Social Security Number: _____

Date of Birth: _____

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Package: 1 2 3 4 Other Services A B (C) D E (F) G H I

DEAR RESIDENT:

LAUDERDALE WEST IS AN ACTIVE OVER 55 ADULT ONLY COMMUNITY AND ONE RESIDENT MUST BE AT LEAST FIFTY-FIVE (55) YEARS OLD. NO ONE UNDER THE AGE OF EIGHTEEN (18) MAY RESIDE AT LAUDERDALE WEST. ALL RESIDENTS AND OCCUPANTS MUST BE REGISTERED WITH THE ASSOCIATION.

OUR ASSOCIATION IS REQUIRED BY FEDERAL LAW TO MAINTAIN ACCURATE AND CURRENT LISTS OF ALL OCCUPANTS OF LAUDERDALE WEST. HOMEOWNERS ARE REQUIRED TO CONTACT THE BOARD OF DIRECTORS IF THERE IS ANY CHANGE IN OCCUPANCY.

BOARD OF DIRECTORS
Steve Rose, President

Address: _____ **Unit #:** _____

Occupant Print Name: _____**DOB:** _____

Signature: _____

Occupant Print Name: _____**DOB:** _____

Signature_____