



INSTRUCTIONS TO COMPLETE THE APPLICATION FOR APPROVAL TO OCCUPY A HOME FOR A CAREGIVER

1. If applicants aren't legally married, an application on each person must be completed.
2. Please print legibly or type information. Complete addresses and phone numbers are required.
3. If any questions are unanswered or left blank, this application will be returned unprocessed.
4. Missing information or lack of requested documents will cause delays in processing and in approval of your application.
5. Only Applicants/Unit Owners are authorized to sign this form.



Lakeridge Falls Community Association, Inc.

APPLICATION FOR APPROVAL TO OCCUPY A HOME FOR A CAREGIVER

APPLICANT PORTION:

The undersigned Applicant(s) proposes to OCCUPY a home to provide care to the Owner of Unit #_____.

Name of Unit Owner and Address of property: _____

To facilitate consideration of this application and occupancy, Applicant represents that the following information is factual. Applicant is aware that any falsification or misrepresentation of the facts in this application will result in automatic rejection. Applicant consents to the making of further inquiry concerning this application, particularly of the references provided.

Applicant specifically consents to a credit check and verification and hereby authorizes disclosure of information by Equifax, or such other credit rating agency or service that may be chosen by the Association. Employment records, any criminal records, and rental history also may be checked by the Association and verified. Applicant hereby authorizes disclosure of such information to the Association by Tenants' Verification Bureau, Inc., or other such reporting agency. Based upon the results of the credit check and criminal background check, the Association reserves the right to deny the lease and occupancy based upon bad credit and/or criminal background.

In addition, a Doctor must provide documentation that a Unit Owner requires a Caregiver and what services the Caregiver is to provide to the Unit Owner. If a Doctor does not provide this information, the Association will deny the request for a Caregiver to occupy the home.

Full name, and relationship to Applicant of others who will occupy the home with Applicant, including children:

NAME/ RELATIONSHIP

Kind of pet _____ If Dog: Breed _____ Weight _____

Present home address of Applicant: Street _____

City _____ State _____ Zip _____ How Long _____

Present phone: Home (____) _____ Office (____) _____

Email _____

Previous address: Owner's/Manager's Name _____

Street _____ City _____ State _____ Zip _____

Phone _____ Date you occupied premises _____ to _____

**** PLEASE NOTE: PROSPECTIVE TENANT(S) AND THEIR GUEST(S) MUST ABIDE BY THE ASSOCIATION'S RULES AND REGULATIONS AS SPECIFIED IN THE ASSOCIATION'S DOCUMENTS****

Two personal references (local if possible):

Name _____

Address _____

City, State, Zip _____

Phone No: (Home) _____ (Office) _____

Occupation _____

Name _____

Address _____

City, State, Zip _____

Phone No: (Home) _____ (Office) _____

Occupation _____

Person to be notified in case of emergency:

Name _____

Address _____

City, State, Zip _____

Phone No: (Home) _____ (Office) _____

Mailing address, if different than present address:

Name _____

Address _____

City, State, Zip _____

Phone No. (Home) _____ (Office) _____

Has the Applicant previously been a resident or owner within _____:

Yes ____ No ____ If yes, identify address occupied and dates of occupancy:

Planned occupancy date:

From (Date) _____ to _____

Email _____ Phone _____

*NOTE: LAKERIDGE FALLS COMMUNITY ASSOCIATION, INC. ("ASSOCIATION") IS GOVERNED BY RESTRICTIONS, RULES AND REGULATIONS CONCERNING THE USE OF UNITS AND THE ASSOCIATION PROPERTY. BY SIGNING THIS APPLICATION, YOU AGREE TO BE AWARE OF AND ABIDE BY ALL APPLICABLE RESTRICTIONS, RULES AND REGULATIONS GOVERNING THE USE OF UNITS AND ASSOCIATION PROPERTY. BY SIGNING THIS APPLICATION, YOU CERTIFY THAT YOU HAVE RECEIVED A COPY OF THE "RULES AND REGULATIONS" AND YOU FURTHER AGREE TO TAKE FULL RESPONSIBILITY FOR ANY GUESTS THAT YOU HAVE, AND THAT THEY WILL ALSO ABIDE BY ALL RULES AND REGULATIONS. BY SIGNING THIS APPLICATION, YOU ACKNOWLEDGE THAT ANY VIOLATION OF THE TERMS, PROVISIONS AND COVENANTS OF THE ASSOCIATION DOCUMENTS INCLUDING THE "RULES AND REGULATIONS" PROVIDES FOR IMMEDIATE ACTION AS PROVIDED IN THOSE DOCUMENTS. BY SIGNING THIS APPLICATION, YOU ACKNOWLEDGE THAT THE ASSOCIATION HAS 30 DAYS TO CONSIDER THIS APPLICATION AFTER IT IS RECEIVED BY THE BOARD OF DIRECTORS AND THAT OCCUPANCY OF THE UNIT BEFORE APPROVAL OF THIS APPLICATION WILL RESULT IN DISAPPROVAL OF THE APPLICATION. BY SIGNING THIS APPLICATION, YOU ACKNOWLEDGE THAT THE BOARD OF DIRECTORS MAY REQUEST AN INTERVIEW WITH YOU PRIOR TO APPROVAL OR DISAPPROVAL OF THE APPLICATION.

Dated _____ Applicant _____

Dated _____ Applicant _____

UNIT OWNER PORTION:

The current Unit Owner must complete this portion of the Application and comply with the following steps before the Application will be considered by the Association.

Send completed application to _____, along with:

Make sure a check for the application fee in the amount of \$_____ is turned in by the Caregiver.

****IF APPLICANTS ARE NOT MARRIED OR HAVE DIFFERENT LAST NAMES, AN ADDITIONAL APPLICATION FEE IS REQUIRED TO PROCESS TWO SEPARATE CREDIT AND BACKGROUND REPORTS****

No approval of this Application shall be valid or binding unless this Application is signed by all owners of the unit for which the application is submitted.

Unit Owner Signature _____ Date _____

Unit Owner Signature _____ Date _____



FOR OFFICE USE ONLY

RECEIPT:

Received by _____ Date _____

Interviewed by _____ Date _____

BOARD ACTION: APPROVED _____ DISAPPROVED _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____