



INSTRUCTIONS TO COMPLETE THE APPLICATION TO LEASE OR OCCUPY

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. Please make sure to submit a current, valid government-issued photo ID. This ID must include your picture, name, and date of birth.
4. If any questions are unanswered or left blank, this application will be returned unprocessed.
5. Missing information or lack of requested documents will cause delays in processing and in approval of your application.
6. Only applicants/owners are authorized to sign this form.



Lakeridge Falls Community Association, Inc.

APPLICATION FOR APPROVAL TO OCCUPY OR LEASE

APPLICANT PORTION:

The undersigned Applicant(s) propose to OCCUPY or LEASE Lot # _____

Property Address: _____

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, and I hereby authorize 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.

Occupancy of the lot is limited to a single family (the owners, their parents or their children). Owners may lease their lot subject to Association approval and applicable restrictions, rules and regulations.

Full Name of Applicant _____

Social Security No _____ Birth Date _____

Occupation/Employer _____

Immediate Supervisor _____ Phone _____

Full Name of Spouse _____

Social Security No _____ Birth Date _____

Occupation/Employer _____



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 LakeRidge Falls Community Assn. Inc.?

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

Address _____

City, State, Zip _____



Planned occupancy date:

If Lease: From (Date) _____ to _____

If Purchase: (Date) _____

Real Estate Agent (I/A): _____

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 **LakeRidge Falls Community Association Inc., Attention: Community Association Manger, 4200 LakeRidge Blvd. Sarasota FL 34243** along with:

- 1) Make sure a check for the application fee in the amount of \$100 is turned in by the Buyer/Lessee.

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

- 2) If the Application is for approval to lease a unit, attach a copy of the proposed lease signed by the proposed lessee (tenant).
- 3) If the Application is to retain a unit acquired by gift, devise, or inheritance, attach a certified copy of the deed or other instrument by which title was received.
- 4) If this is a purchase of a unit attach a copy of the fully executed sales contract.

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 _____



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FOR OFFICE USE ONLY

RECEIPT:

Received by _____ Date _____

Interviewed by _____ Date _____

BOARD ACTION: **Approved** _____ **Disapproved** _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____



RESIDENTS DIRECTORY AND MASS EMAIL DISTRIBUTION
INFORMATION FORM

NOTE: THE DIRECTORY AND THE MASS EMAIL DISTRIBUTION SYSTEM ARE FOR THE USE OF LRF RESIDENTS ONLY AND IS NOT TO BE USED FOR ANY COMMERCIAL PURPOSE.

If you are a new resident, or a resident wishing to change your current information, please complete and SIGN this form. Return completed form to:

Community Association Manager
LakeRidge Falls Clubhouse,
4200 LakeRidge Blvd.
Sarasota, FL 34243

We can **ONLY** accept changes on **THIS** form – signed and dated.

NOTE: YOUR SIGNED PERMISSION IS REQUIRED BY FLORIDA PRIVACY LAW BEFORE WE MAY PUBLISH YOUR NAME, ADDRESS, PHONE NUMBER, AND EMAIL IN OUR DIRECTORY

Do not contact the Clubhouse Office to report changes orally, on paper scraps, or via email.

PLEASE PRINT

Name(s): _____

Preferred Name(s) for Directory Listing: _____

Address: _____

Phone: _____ Email: _____

Do you **own** or **rent** (Circle one.) the residence listed above?

Please indicate your preferences with a check mark on the following options:

I would like my: Name, Address, Phone Number, and/or Email Address published in the LakeRidge Falls Directory.

I **ONLY** wish to add my email address to the Community's MassEmail Distribution System to alert me of various activities, messages from the Board and other information. I understand that my information will **NOT** be included in the LakeRidge Falls Directory.

I **DO NOT** wish any of my information to be published in the Directory and I **DO NOT** wish to receive any communication via email.

By signing below, I hereby consent to the Association's disclosure of the information selected above for the purposes stated herein.

Signature

Date



RESIDENT SECURITY FORM

Use this form to provide initial or updated visitor and vehicle community access information

Name: _____ Home Phone: _____

Address: _____ Additional Phone: _____

OTHER OCCUPANTS LIVING AT HOME

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

PERMANENT VISITORS LIST

(Visitors and/or relatives - who may enter without security calling you for approvals)

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

CONTRACTORS

(Lawn and pool services, housekeepers, maids, others - who may enter without security calling you for approval)

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

EMERGENCY CONTACTS

(Names - Phone numbers - Relationships)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

YOUR AUTOMOBILES

Year: _____ Make: _____ Model: _____ Tag#: _____ Color: _____

Year: _____ Make: _____ Model: _____ Tag#: _____ Color: _____

Signature: _____ Date: _____

THIS FORM MUST BE SIGNED OTHERWISE IT WILL NOT BE PROCESSED AND ENTRY WILL BE DENIED