



APPLICATION FOR

APPROVAL TO OCCUPY OR LEASE

INSTRUCTIONS TO COMPLETE THE APPLICATION

- If applicants aren't legally married, an application on each person must be completed.
- Please print legibly or type information. Complete addresses and phone numbers are required.
- Please make sure to submit a current, valid government-issued photo ID. This ID must include your picture, name, and date of birth.
- If any questions are unanswered or left blank, this application will be returned unprocessed.
- Missing information or lack of requested documents will cause delays in processing and in approval of your application.
- Only applicants/owners are authorized to sign this form.

I CERTIFY THAT I HAVE READ THE ABOVE AND UNDERSTAND THESE INSTRUCTIONS

Print Name :

Signature :

Date :

Print Name :

Signature :

Date :



APPLICATION FOR

APPROVAL TO OCCUPY OR LEASE

APPLICANT/S PORTION:

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

Property Address:

Prior to any sale, lease, occupancy or other transfer of a Lot, all prospective owners, occupants and/or tenants shall complete an application and receive written approval from the Board of Directors or designated committee. To facilitate consideration of this application and occupancy, Applicant/s represents that the following information is factual. Applicant/s is aware that any falsification or misrepresentation of the facts in this application will result in automatic rejection. Applicant/s consents to the making of further inquiry concerning this application, particularly of the references provided.

LakeRidge Falls Community Association Inc (the Association) may obtain information about Applicant/s from a consumer reporting agency for residential screening purposes. The application process shall consist of credit and criminal history background checks on the Applicant/s. When considering such application, consideration shall be given to the good social and moral character and financial responsibility of the prospective purchaser, transferee, lessee or occupant, or any other lawful and reasonable criteria established by the Board of Directors.

Applicant specifically consents to a credit check and verification and hereby authorizes disclosure of information by Data Access Inc., DBA DataScreening 999 McBride Ave, Suite C205, Woodland Park, NJ 07424, Phone: 800-247-2365, Fax: 973-256-2072, , 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/we hereby authorize disclosure of such information to the Association by Tenants Verification Bureau, Inc., or other such reporting agency. The Board of Directors may deny the sale, lease, occupancy or other transfer based on the results of such background checks and credit report of the Applicant/s. The application and approval must take place before any sale, transfer, lease or occupancy is permitted. Additional standards and criteria may be adopted as rules by the Board of Directors. A waiver of this provision or failure to enforce it in any particular instance shall not constitute a waiver or prevent the Board from enforcing this provision in any other instance.

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.

PLEASE FILL OUT

Full Name of Applicant

Birth Date

Social Security Number

Occupation/Employer

Immediate Supervisor

Supervisor Phone Number

Full Name of Applicant

Birth Date

Social Security Number

Occupation/Employer

Immediate Supervisor

Supervisor Phone Number



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OTHER OCCUPANT/S

Please indicate the full name/s and relationship to Applicant/s of others who will occupy the home with Applicant/s, including children:

NAME/RELATIONSHIP

PETS

Number of Pets

Kind of Pets

Breed/s

PRESENT HOME ADDRESS OF APPLICANT/S

Street

City

Zip

Current Phone #

Email

PREVIOUS HOME ADDRESS OF APPLICANT/S

Street

City

Zip

Current Phone #

Email

MAILING ADDRESS, if different than present address

Street

City

Zip



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**** 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 # Email

Occupation

Name Address

City/State/Zip

Phone # Email

Occupation

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name Address

City/State/Zip

Phone # Email

**Has the Applicant/s previously been an owner/resident within LakeRidge Falls
Community Assn. Inc.?**

Yes

If yes, identify address occupied and dates of occupancy:

No



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PLANNED OCCUPANCY DATE

If Purchase, Date

If lease, from and to dates

Selling Real Estate Agent Name

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 ATTEST THAT YOU READ ALL AND 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 "COVENANTS, CONDITIONS, AND RESTRICTIONS" 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.

Applicant Name Dated

Signature

Applicant Name Dated

Signature



APPLICATION FOR

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UNIT OWNER PORTION

The current unit owner must ensure the applicant/s 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 Manager
4200 LakeRidge Blvd.
Sarasota FL 34243**

Along with with:

- A check for the application fee in the amount of \$150 made payable to LakeRidge Falls Community Association Inc.
 - If Applicants are not married or have different last names, an additional application fee is required to process two separate credit and background reports**
- If this is a purchase of a unit attach a copy of the fully executed sales contract
- 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.
- If the Application is for approval to lease a unit, attach a copy of the Association Only Approved lease signed by the proposed lessee/s (tenant/s).

SIGNATURES

Unit Owner Name Dated

Signature

Unit Owner Name Dated

Signature



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FOR OFFICE USE ONLY

BOARD ACTION

APPROVED

DISAPPROVED

NAME

SIGNATURE

DATE

NAME

SIGNATURE

DATE

NAME

SIGNATURE

DATE

RECEIPT

RECEIVED BY

DATE

INTERVIEW BY

DATE



Consent to receive

ELECTRONIC NOTICES

Full Name :

E-Mail :

Full Name :

E-Mail :

LakeRidge Falls Address :

I hereby provide my consent to receive all notices, documents, and other communications from the LakeRidge Falls Community Association, Inc. electronically, at the email address(es) provided above.

This Consent to Receive Association Notices by Electronic Transmission (the "Consent") serves as the Parcel Owner's affirmative agreement to receive all notices required or permitted under Section 2.6 of the By-Laws of LakeRidge Falls Community Association, Inc. ("Association") and Section 720.303(1)(g) of the Florida Statutes, as amended or renumbered from time to time, via electronic transmission from LakeRidge Falls Community Association, Inc. ("Association"). For the purposes of this Consent, "electronic transmission" refers to electronic mail (e-mail).

The undersigned, as a Parcel Owner, knowingly and voluntarily consents to receive such notices from the Association through electronic transmission at the e-mail address(es) provided in this Consent.

The undersigned acknowledges and agrees that this Consent shall remain effective and binding, and that the Association may rely upon it, until the undersigned submits a written revocation of this Consent to the Association and/or its designated representative.

Print Name :

Signature :

Date :

Print Name :

Signature :

Date :



RESIDENTS DIRECTORY & MASS EMAIL DISTRIBUTION INFORMATION FORM

The directory and the mass email distribution system are for the use of LakeRidge Falls members and residents **ONLY** and is not to be used for any other purpose

Full Name :

Phone :

E-Mail :

Full Name :

Phone :

E-Mail :

Address :

Please make sure to answer the questions below:

1. I consent that the information provided above be published in the LakeRidge Falls' Directory and consent to receive official communication via the provided email address/es. Yes No
2. I ONLY consent to receive official communication via the provided email address/es and DO NOT wish any of my information to be published in the Directory Yes No

Please select one

New Information

Updating Existing Information

PER MY SELECTIONS ABOVE AND BY SIGNING THIS DOCUMENT, I AFFIRMATIVELY CHOOSE TO MAKE THE INFORMATION ABOVE AVAILABLE FOR OTHER MEMBERS AND RESIDENTS OF THE ASSOCIATION AND/OR CONSENT TO RECEIVE OFFICIAL COMMUNICATION FROM THE ASSOCIATION BY ELECTRONIC MEANS

Print Name :

Signature :

Date :

Print Name :

Signature :

Date :



RESIDENTS
SECURITY FORM

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

Full Name :

Phone :

E-Mail :

Address :

Other Occupants

Full Name :

Full Name :

Full Name :

Permanent Visitors

Visitors/Relatives Who You Consent to Enter the Community Without Obtaining Telephone Approval

Full Name :

Approved Vendors

Vendors Such as Air Conditioning and Pool Services You Consent to Enter the Community Without Obtaining Telephonic Approval

Full Name :

Emergency Contacts

People You Consent the Association May Contact When It Deems an Emergency Case Unfolds

Full Name :

Phone :

Relationship :

Full Name :

Phone :

Relationship :

Your Vehicles

Make :

Model :

Year :

Color :

Tag # :

Make :

Model :

Year :

Color :

Tag # :

I HEREBY ACKNOWLEDGE THAT I AND MY RESPECTIVE GUESTS AND INVITEES ARE RESPONSIBLE FOR OUR OWN PERSONA AND SAFETY

Print Name :

Signature :

Date :

Print Name :

Signature :

Date :

Office: 4200 LakeRidge Boulevard, Sarasota FL 34243

Phone: 941-360-1046 Email: PropertyManager@LakeRidgeFalls.Org



RADIO-FREQUENCY IDENTIFICATION TRANSPONDERS

RFID ISSUE FORM

Please read carefully

New approved occupants of a Lot, i.e., new members/residents of the Association, are entitled to receive up to two RFID transponders at no charge. A reasonable charge will be applicable for the issuance of any additional and/or replacement transponders regardless of the reason.

A copy of a driver's license and a vehicle registration must be submitted for each vehicle receiving a transponder.

The Association reserves the right to deactivate transponders in the event of a change in occupancy of any Lot as a result of a title change, a lease expiration, and/or a death.

I HEREBY AGREE TO ABIDE BY ALL THE APPLICABLE COVENANTS, CONDITIONS, AND RESTRICTIONS GOVERNING THE USE OF LAKERIDGE FALLS COMMUNITY ASSOCIATION INC

Print Name :

Signature :

Date :

Print Name :

Signature :

Date :

Address :

Vehicle 1 Information

Transponder # (for office used)

Driver's Name

Tag # and State

Vehicle Make

Vehicle Model and Color

Vehicle Year

Vehicle 2 Information

Transponder # (for office used)

Driver's Name

Tag # and State

Vehicle Make

Vehicle Model and Color

Vehicle Year

For Statistical Purposes Only

Please check One:

Owner

Renter

Please check One:

Full-Time FL Resident

Part-Time FL Resident

Office: 4200 LakeRidge Boulevard, Sarasota FL 34243

Phone: 941-360-1046 Email: PropertyManager@LakeRidgeFalls.Org