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

Lauderdale West Sales, Lease & Application Requirements

Sales Requirements

- Minimum down payment: **20%**
- Maximum loan/mortgage (or other indebtedness): **80%**
- The **dollar value of the sale** must be stated in the sales contract.
- Applicants must meet the **minimum credit score requirement** (see Page 3 of the application).

Ownership Requirements

- **Single-family homes and condo/plexes** must be owned for **at least one (1) year** before they may be sold or leased.

Application Fees

- First two (2) applicants: **$100**
- Each additional applicant/occupant: **$50**
- Checks and money orders only made out to: **Lauderdale West Community Assoc. No. 1, Inc.**

Application Requirements

- Every applicant and occupant must complete an application.
- Only **original applications with original signatures** will be accepted for processing.
- All signatures must match the applicant's official identification.
- Incomplete applications will **not** be accepted.
- Required documentation must be submitted for **each** applicant/occupant.

Processing Time

- Lauderdale West has 30 days to review and approve applications
- Sales closing dates and lease move-in dates must be scheduled **after** the 30-day approval period.

Application Submission

- Schedule an appointment to submit your completed application and all required attachments to the Applications Department.
- Phone: **954-473-8219, Ext. 118**

Lease Restrictions

- Minimum lease term: **3 months**
- Maximum lease term: **12 months**

Property Inspection

- Exterior home inspections are conducted, and any required repairs must be completed before Board approval.

Office Hours

- Business Office Hours:
  - **Monday through Friday**
  - **9:00 a.m. – 12:00 p.m.**

Pet Policy

- Lauderdale West is an **animal free community**.

Parking Policy
Parking is limited to available driveway space:

- **Single driveway:** 1 vehicle
- **Double driveway:** 2 vehicles
- **Expanded driveway:** 2–4 vehicles
- **Plexes:** 2 vehicles

Additional Information
For more information about living in Lauderdale West, please visit **lauderdalewest.org**.

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APPLICATION FOR:
PURCHASE___ OCCUPANT___ INHERITANCE___

Today's Date: _____

Welcome to Lauderdale West

Thank you for your interest in purchasing a home in Lauderdale West.

Lauderdale West is a condominium association organized under the laws of the State of Florida. The Association is governed by its Declaration, Bylaws, Rules and Regulations, and all applicable federal, state, and local laws.

Please read this application carefully and complete all required pages. This application becomes part of your agreement with the Association. All required signatures must be original, and documents requiring notarization must be properly notarized.

Lauderdale West is a 55+ community. At least one full-time occupant must be 55 years of age or older, and no person under the age of 18 may reside in the community.

All requested supporting documentation must be submitted for each applicant and occupant. Financial information is required for all applicants and occupants, except in the case of inherited property. Incomplete applications will not be processed. If additional space is needed for applicants or occupants, you may photocopy the appropriate pages. Please submit every page of the application.

Sales Requirements

- A minimum down payment of **20%** is required.
- The maximum combined amount of loans, mortgages, or other indebtedness may not exceed **80%** of the purchase price. The financing amount must be clearly reflected in the purchase contract.
- A minimum credit score of **720** is required. Credit scores between **700 and 719** may be considered subject to additional conditions and Association approval.
- **ACCUDATA, Inc.** is the Association's official provider for credit reports and background screenings.
- Owners of single-family homes, duplexes, and fourplex condominium units must own their property for a minimum of **one (1) year** before it may be sold or leased.

Applicant Initials _____ _____

APPLICANT INFORMATION

Property Address: _____ Unit #: _____

Name on the Purchase Contract/Inheritance Paperwork_____

Print Name: _____DOB: _____
Current Address:_____Owner ___ Occupant ___ Tenant___
Phone: _____Email: _____

Print Name: _____DOB: _____
Current Address:_____Owner ___ Occupant ___ Tenant___
Phone: _____Email: _____

Print Name: _____DOB:_____
Current Address:_____Owner ___ Occupant ___ Tenant___
Phone: _____Email: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Internal Use Only

Photo ID issued _____ FOB's issued _____ Accounting Notified _____

System Updated _____ Webmaster_____ Newspaper Updated _____

Previous Owner _____

EMPLOYMENT:

Applicant #1 Retired: _____

Employer:_____# years_____

Supervisor: _____ Phone: _____

Applicant #2 Retired: _____

Employer: _____

Supervisor: _____ Phone:_____

Applicant #3 Retired: _____

Employer: _____

Supervisor: _____ Phone:_____

FINANCIAL:

CREDIT SCORE =720 MINIMUM

YES___

NO___ Affidavit of Financial Stability _____

PROOF OF INCOME: (not required for Leases or Inheritance)

SS Benefit _____ Pay Stubs (4) _____ Pension _____ Other_____

LAST TWO YEARS TAX RETURN MANDATORY _____ First and Signature page only

BUYERS REALTOR

Agent: _____

Phone: _____

Email: _____

SELLERS REALTOR

Agent: _____

Phone: _____

Email: _____

SALES ONLY

FOREIGN NATIONALS / FOREIGN INVESTORS

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

_____ Completed Application and Contract for Sale
_____ Copy of current VISA and PASSPORT
_____ Proof of Employment and income
(Must be NOTARIZED and translated into US Dollars in ENGLISH)
_____ If self-employed, provide proof of ownership and income from that company
(Must be NOTARIZED and translated into ENGLISH)
_____ Provide Articles of Incorporation (If purchasing as a corporation)

CANADIAN CITIZENS

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

_____ Completed Application and Contract for Sale
_____ All items listed above for foreign nationals
_____ Must provide Canadian credit report

TRUSTS

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

_____ Completed Application
_____ When buying as a Trust, please provide the Trust organization papers

INHERITANCE

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

_____ Completed Application
_____ Photo ID (Driver's license, Passport, Gov't ID)
_____ Copy of Death Certificate
_____ Proof of Beneficiary
_____ Broward County Record for Name Change
_____ Home Inspection Report

CORPORATIONS or LLCs

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

_____ Completed Application and Contract for Sale
_____ Copy of the Articles of Incorporation for the corporation or LLC
_____ Provide three (3) last bank statements for the corporation or LLC
_____ Proof of Income and last three (3) bank statements of Managing Member or President
_____ Managing Member or President is required to provide all personal information, including social Security number
_____ Managing Member or President is required to sign the application

ACKNOWLEDGEMENT 1 OF 2

All Applicants must initial each line indicating their understanding and agreement

_____ I understand that a 20% down payment must be paid with an 80% max loan value.

- All loans must meet the 20% down payment and 80% max loan value while I own the home
- Loans, Refinancing and Reverse Mortgages must be approved by the Association.

_____ I understand that the application process can take up to thirty (30) business 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
- Removal of non-approved landscaping/hardscaping will be at the owner's expense

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 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

REFERENCE:

Applicant #1 (Cannot be Applicant #2)

Name: _____

Phone: _____

Name: _____

Phone: _____

Applicant #2 (Cannot be Applicant #1)

Name: _____

Phone: _____

Name: _____

Phone: _____

Applicant #3 (Cannot be Applicant #1 or 2)

Name: _____

Phone: _____

Name: _____

Phone: _____

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 No 1, Inc.

_____ **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 financial documents for each applicant (Sales Only)**

i. Proof of Income (SS Benefit Statement, Payroll stubs, Annuity Payment, etc.)
j. Most recent two years of Tax Returns

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

k. Current Vehicle Registration
l. Current Vehicle Insurance

_____ **Copy of Sales Contract signed by all applicants (Sales Only)**

m. Sales Contract
n. Addendums:
    a. (A) Condominium Rider for Plexes or
    b. (B) HOA Rider for Single Family Home
    c. (Q) Housing for Older Persons
o. All purchasers 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 homeowner's 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 No. 1, Inc

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: _____

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: _____

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.

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TYPE OF SCREENING REQUESTED (PLEASE CIRCLE)

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

Lauderdale West Community Association No 1, Inc.
Single Family Disclosure

Homeowner Insurance:

The Residence that you are purchasing is not a condominium unit and is not submitted to condominium ownership. The Residence constitutes real property subject to a homeowners' association–type ownership structure subject to Chapter 720, Florida Statutes and a Declaration of Restrictions, and is not governed as a condominium for purposes of title, ownership, insurance, maintenance, or property rights. **As the owner of a single family home you are responsible for purchasing and maintaining a homeowners insurance policy insuring for both liability and property loss for the building structure and the personal property located thereon.**

The governing association administering the community, *Lauderdale West Community Association No 1, Inc.*, however, is organized and operated to provide corporate governance, administrative, and operational procedures to be conducted in a manner consistent with condominium association governance. Accordingly, while the underlying property ownership structure is that of a homeowners' association / platted lot regime, the Association may administer certain governance matters utilizing procedures or standards like those applicable to condominium associations.

Purchasers and title insurers are advised that the foregoing governance structure does not convert the Residence into condominium property or condominium units for ownership, conveyancing, title, insurance, maintenance, or land use purposes.

Maximum Permitted Financing:

In connection with any sale or financing of a Residence, the maximum permitted aggregate indebtedness secured by the Residence shall not exceed eighty percent (80%) of the value of the Residence. Accordingly, a minimum down payment or equity position of twenty percent (20%) shall be maintained at time of sale or financing at all times.

Lot Boundaries:

The boundaries of each Lot consist only of the area upon which the single-family residential dwelling has been constructed. All grassed, landscaped, or other exterior areas located outside the boundaries of the Lot are owned, maintained, repaired, and replaced by the Association.

_____
Buyer Initial(s)

LAUDERDALE WEST OFF SITE OWNER INFORMATION

UNIT #: _____ DATE: _____

Property Address: _____

Please provide below the primary contact phone, address and email for the above address.

Name: _____ Phone: _____

Email: _____

Off Site Mailing Address: _____

Primary

Occupant Name: _____DOB :_____Phone: _____

Secondary

Occupant Name: _____ DOB :_____Phone: _____

PURPOSE OF PURCHASE: Residence: _____ Investment: _____

Full Time Resident: ____ Part-Time Resident: ____ Seasonal Resident: _____

DEAR HOMEOWNER:

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

LAUDERDALE WEST COMMUNITY ASSOCIATION NO. 1, INC.
REFINANCE / MORTGAGE FINANCING AFFIDAVIT

1141 NW 85th Avenue, Plantation, Florida 33322

This form is to be completed for a **refinance or mortgage transaction** when Association approval or confirmation of compliance with the Association's financing requirements is requested.

Owner/Borrower Name: _____

Property Address _____

Lender _____

Loan Amount _____

Appraised Value / Property Value _____

LENDER / CLOSING AGENT CERTIFICATION

The undersigned certifies that the mortgage financing for the property identified above does not exceed eighty percent (80%) of the property's value, and that the borrower therefore maintains at least twenty percent (20%) equity in the property.

Loan-to-Value (LTV): _____ % ☐ Does not exceed 80% ☐ Exceeds 80%

I certify that the information above is true and correct to the best of my knowledge and may be relied upon by Lauderdale West Community Association No. 1, Inc. in reviewing this transaction.

Name _____
Title _____
Company _____
Signature _____
Date: _____

NOTARY ACKNOWLEDGMENT

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20____, by _____, who is ☐ personally known to me or ☐ has produced _____ as identification.

Notary Public Signature: _____ My Commission Expires: _____

Printed Name: _____

ASSOCIATION USE ONLY

Reviewed By / Date / Phone _____

Status **Approved** _____ **Additional Information Required** _____

Stephen M. Rose, President