

LAUDERDALE WEST COMMUNITY ASSOCIATION NO. 1, INC.

1141 NW 85TH AVENUE

PLANTATION, FLORIDA 33322

Ph: (954) 473-8219 Fax: (954) 474-5433

Email: applicationsapproval@lauderdalewest.org

IMPORTANT INFORMATION

RE: OCCUPANCY

- ONLY ORIGINAL APPLICATIONS WITH ORIGINAL SIGNATURES AND NOTARY WILL BE PROCESSED
- ALL APPLICATIONS MUST BE SENT VIA FEDEX, UPS OR USPS EXPRESS MAIL TO BE DELIVERED BEFORE 12 NOON
- THE BUSINESS OFFICE IS OPEN MONDAY THRU FRIDAY - 9:00AM TO 12:00PM ONLY
- ALL APPLICANTS/OCCUPANTS MUST COMPLETE AN APPLICATION
- THE APPLICATION FEE IS \$100 PER PERSON
- INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED
- AN INTERVIEW WITH EACH APPLICANT/OCCUPANT IS REQUIRED.
- ALL DOCUMENTATION IS REQUIRED FOR EACH APPLICANT/OCCUPANT
- SUBMIT A COPY OF DRIVER'S LICENSE OR CURRENT VISA AND PASSPORT FOR FOREIGN NATIONALS
- SUBMIT A COPY OF CURRENT VEHICLE REGISTRATION AND VEHICLE INSURANCE INFORMATION
- CHILDREN UNDER 18 ARE NOT PERMITTED TO RESIDE AT LAUDERDALE WEST
- PETS ARE NOT PERMITTED. FOR SERVICE ANIMALS AND EMOTIONAL SUPPORT ANIMALS, YOU MUST COMPLETE AND SUBMIT THE APPROPRIATE PET APPLICATION.
- ALL SIGNATURES MUST MATCH OFFICIAL IDENTIFICATION
- LAUDERDALE WEST IS A PET FREE COMMUNITY
- PARKING IS LIMITED TO DRIVEWAY AVAILABILITY
 - SINGLE DRIVEWAY = 1 CAR
 - DOUBLE DRIVEWAY = 2 CARS
 - PLEXES = 2 CARS

**LAUDERDALE WEST COMMUNITY ASSOCIATION NO. 1 INC.
1141 NW 85TH Avenue
Plantation, Florida 33322**

APPLICATION FOR RESIDENCY- OCCUPANT

Thank you for your interest 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/occupants. Please submit all eleven (11) pages of this Application.

Today's Date: _____

Property Address: _____ Unit #: _____

OCCUPANT #1 Print Name _____ DOB: _____

Address: _____

Phone: Cell _____ Home _____

Email: _____

OCCUPANT #2 Print Name _____ DOB: _____

Address: _____

Phone: Cell _____ Home _____

Email: _____

ACKNOWLEDGEMENT 1 OF 2

All Applicants must initial each line indicating their understanding and agreement

- _____ **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 age 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 at owner's expense.
 - 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

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 and attach to the application.

ALL APPLICANTS MUST ANSWER EACH QUESTION BELOW	APPLICANT #1	APPLICANT #2
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 Applicant Name Printed

#1 Applicant Signature

#2 Applicant Signature

STATE OF FLORIDA)

)

COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me by means of physical presence, this _____ day of _____, 20____, by _____ and _____ and who is personally known to me or provided _____ as proof of identification, and who did take an oath.

Notary Public, State of Florida

REFERENCES:

Applicant #1 (Cannot be Applicant #2)

Name: _____

Phone: _____

Name: _____

Phone: _____

Applicant #2 (Cannot be Applicant #1)

Name: _____

Phone: _____

Name: _____

Phone: _____

ATTACHMENTS TO APPLICATION:

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

_____ **Application Fee for Occupants:**

- a. The Application fee is \$100.00 for each Occupant. A non-refundable Check or Money Order, in the appropriate amount payable to Lauderdale West Community Association

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

- b. Drivers' License or Non-Drivers' License or State Issued ID
- c. Passport
- d. Government ID

_____ **Proof of Age for each applicant/occupant**

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

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

- i. Current Vehicle Registration
- j. Current Vehicle Insurance

_____ **Receipt of Updated Association Documents**

Occupants must adhere to all rules and regulations of Lauderdale West Community Association. Homeowners are responsible 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.

UNIT #: _____

ACCUDATA, INC.

(ONE FOR EACH APPLICANT/OCCUPANT)

Please Print Name: _____ Male () Female ()

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Date of Birth: _____

I give my authorization to this party or agency to 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: _____

(FOR OFFICE USE 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.

(ONE FOR EACH APPLICANT)

Please Print Name: _____ Male () Female ()

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Date of Birth: _____

I give my authorization to this party or agency to 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

UNIT #: _____

LAUDERDALE WEST CONTACT INFORMATION

UPDATE/CHANGE DATE: _____

Address: _____ Unit #: _____

Occupant Name: _____ Phone: _____ (c) (h)

Email: _____

Occupant Name: _____ Phone: _____ (c) (h)

Email: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

DEAR OCCUPANT(S):

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 IN LAUDERDALE WEST. ALL RESIDENTS AND OCCUPANTS MUST BE REGISTERED WITH THE ASSOCIATION. ALL OCCUPANTS MUST ADHERE TO THE RULES AND REGULATIONS OF LAUDERDALE WEST COMMUNITY.

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
Alfredo Arroyo, President

AFFIDAVIT

Address: _____ Unit #: _____

Occupant - Print Name: _____ DOB: _____

Signature: _____

Occupant - Print Name: _____ DOB: _____

Signature _____

STATE OF FLORIDA)

)

COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me by means of physical presence, this _____ day of _____, 20____, by _____ and _____ and who is personally known to me or provided _____ as proof of identification, and who did take an oath.

Notary Public, State of Florida