

LAUDERDALE WEST COMMUNITY ASSOCIATION NO. 1, INC.
1141 NW 85TH AVENUE
PLANTATION, FLORIDA 33322
Ph: (954) 473-8219 Fax: (954) 617-8359 Email: lwest-salesrental@lauderdalewest.org

**THANK YOU FOR YOUR INTEREST IN RESIDING AT LAUDERDALE WEST
WE ARE AN ACTIVE ADULT ONLY COMMUNITY**

PLEASE NOTE THE FOLLOWING INFORMATION BEFORE SUBMITTING THIS APPLICATION

- ONLY ORIGINAL APPLICATIONS WILL BE PROCESSED
- APPLICATIONS SUBMITTED VIA FEDEX, USPS, OR UPS ONLY
- ORIGINAL SIGNATURES AND NOTARIES MUST BE INCLUDED
- BUSINESS OFFICE OPEN MONDAY-FRIDAY 9:00AM TO 12:00PM
- APPLICATION FEE IS \$100 PER PERSON OR COUPLE
- ADDITIONAL APPLICATION FEE IS \$50 FOR EACH ADDITIONAL APPLICANT
- APPLICATIONS MAY TAKE UP TO 30 DAYS FOR PROCESSING
- INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED
- ALL DOCUMENTATION IS REQUIRED FOR EACH APPLICANT
- EXTERIOR HOME INSPECTIONS ARE CONDUCTED PRIOR TO APPROVAL
- CHILDREN UNDER 18 ARE NOT PERMITTED TO RESIDE AT LAUDERDALE WEST
- STATE OF FLORIDA APPROVED LEASES ONLY
- ALL SIGNATURES MUST MATCH OFFICIAL IDENTIFICATION
- SALES: MAXIMUM AMOUNT OF LOANS/MORTGAGES OR INDEBTEDNESS IS 80%
- LEASING: MINIMUM 4 MONTHS, MAXIMUM 12 MONTHS
- LAUDERDALE WEST IS A PET FREE COMMUNITY
- PARKING IS LIMITED TO DRIVEWAY AVAILABILITY
 - SINGLE DRIVEWAY = 1 CAR
 - DOUBLE DRIVEWAY = 2 CARS
 - PLEXES = 2 CARS

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Plantation, Florida 33322

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APPLICATION FOR RESIDENCY

Thank you for your interest in purchasing or leasing a home here at 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 it in its entirety. At least one 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. Incomplete applications will not be accepted. You are permitted to photocopy pages for additional applicants.

SALES: Maximum amount of loans/mortgages or indebtedness is 80%. This must be reflected in the Contract. Condominium (Duplex and 4Plex) owners cannot sell their property until one year after purchase.

LEASING: Minimum of four (4) month leases and maximum of twelve (12) month leases only are permitted. Owners cannot lease their property until one year after purchase.

Today's Date: _____

Property Address: _____ Unit #: _____

APPLICANT(S)

#1 Print Name: _____

Address: _____

Phone: _____ Email: _____

#2 Print Name: _____

Address: _____

Phone: _____ Email: _____

REALTOR

Agent: _____ Agency: _____

Phone: _____ Fax: _____

Email: _____

EMPLOYMENT:

Applicant #1 Retired: _____

Employer: _____ # years _____

Supervisor: _____ Phone: _____

Applicant #2 Retired: _____

Employer: _____

Supervisor: _____ Phone: _____

FINANCIAL:

Applicant #1

Bank: _____ Branch: _____ Phone: _____

Checking: _____ Date Opened: _____

Savings: _____ Date Opened: _____

Applicant #2

Bank: _____ Branch: _____ Phone: _____

Checking: _____ Date Opened: _____

Savings: _____ Date Opened: _____

FOREIGN NATIONALS / FOREIGN INVESTORS – ONLY

Applicant(s) must initial each line

- _____ 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

- _____ 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

- _____ 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

- _____ Proof of inheritance
- _____ Broward County Record for Name Change

CORPORATIONS or LLCs

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

- _____ 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

THIS IS THE MINIMUM DOCUMENTATION REQUIRED. DURING THE APPLICATION PROCESS ADDITIONAL DOCUMENTATION MAY BE REQUIRED; EACH CIRCUMSTANCE IS DIFFERENT

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 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 Co-Applicant Name Printed

#1 Applicant Signature

#2 Co-Applicant Signature

Date

Date

STATE OF FLORIDA

COUNTY OF _____

Sworn to before me this _____ day of _____ 20__

Notary Public

REFERENCES:

Applicant #1

Name: _____

Phone: _____

Name: _____

Phone: _____

Applicant #2

Name: _____

Phone: _____

Name: _____

Phone: _____

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. This is for one or two persons. For each additional individual, the fee is \$50.00. A non-refundable Check or Money Order, in the appropriate amount payable to Lauderdale West Community Association
- b. For each additional applicant: A non-refundable Check or Money Order, in the amount of fifty (\$50.00) dollars payable to Lauderdale West Community Association

_____ **Application Fee for Lessees:**

- c. The Application fee is \$100.00. This is for one or two persons. For each additional individual, the fee is \$50.00. A non-refundable Check or Money Order, in the appropriate amount payable to Lauderdale West Community Association.
- d. For each additional applicant: A non-refundable Check or Money Order in the appropriate amount payable to Lauderdale West Community Association.

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

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

_____ **Proof of Age for each applicant**

- g. Driver's License or
- h. Passport

_____ **Copy of financial documents for each applicant** (In English)

- i. Proof of Income
- j. Tax Returns for the past two (2) years

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

- k. Current Vehicle Registration
- l. Current Vehicle Insurance

_____ **Copy of Contract for Sale or State of Florida Lease signed by all applicants**

- m. All purchasers or tenants must be listed on document

_____ **Receipt of Updated Association Documents**

If you received documents from the Seller, they may not be current. 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.

ACKNOWLEDGEMENT 1 OF 2

All Applicants must initial each line indicating their understanding and agreement

- _____ I understand that the application process can take up to thirty (30) 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 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:**
- 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:**
- No pets are permitted
 - 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.**
- 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.
- _____ **I understand that the new homeowner will assume all responsibility for any existing alteration, improvements, modifications, or plantings that may have been made in or about the premises with or without the approval of the Board of Directors.**

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.

Applicant's Signature: _____

(FOR OFFICE USE ONLY)

Company Name: LAUDERDALE WEST COMMUNITY ASSOCIATION NO. 1, INC.

Contact Name: Director, Applications and Approvals Office

Phone: (954) 473-8219 Fax: (954) 617-8359

Email: lwest-salesrental@lauderdalewest.org

TYPE OF SCREENING REQUESTED (PLEASE CIRCLE)

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

LAUDERDALE WEST CONTACT INFORMATION

UPDATE/CHANGE DATE: _____

Address: _____ Unit #: _____

Owner Name: _____ DOB: _____

Owner Name: _____ DOB: _____

Tenant () Occupant ()

Name: _____ DOB : _____

Name: _____ DOB : _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

I WILL BE A Full time resident () Part-time resident () Seasonal resident: ()

Out of Town Address: _____ City/State/Zip _____

Out of Town Phone: _____ Email: _____

PLEASE SEND ALL COMMUNICATION TO THIS ADDRESS:

ADDRESS: _____ CITY/STATE/ZIP _____

DEAR HOMEOWNER:

LAUDERDALE WEST IS AN ACTIVE ADULT ONLY COMMUNITY AND AT LEAST ONE OCCUPANT MUST BE FIFTY-FIVE (55) YEARS OLD. NO ONE UNDER THE AGE OF EIGHTEEN (18) MAY RESIDE AT LAUDERDALE WEST.

OUR ASSOCIATION IS REQUIRED BY FEDERAL LAW TO MAINTAIN ACCURATE AND CURRENT LISTS OF ALL OCCUPANTS OF LAUDERDALE WEST. IT IS THE HOMEOWNER'S RESPONSIBILITY TO CONTACT THE BOARD OF DIRECTORS IF THERE IS ANY CHANGE IN OCCUPANCY.

Sincerely,

Jennie Lipari, President

AFFIDAVIT

Address: _____ Unit #: _____

Owner Print Name: _____ DOB: _____

Owner Signature: _____

Owner Print Name: _____ DOB: _____

Owner Signature: _____

State of Florida
County of _____

Sworn to Before me this _____ day of _____ 20__

Notary