

LAUDERDALE WEST COMMUNITY ASSOCIATION NO. 1, INC.

1141 NW 85<sup>TH</sup> AVENUE

PLANTATION, FLORIDA 33322

Ph: (954) 473-8219 Fax: (954) 617-8359 Email: [Salesapplications@lauderdalewest.org](mailto:Salesapplications@lauderdalewest.org)  
[Leaseapplications@lauderdalewest.org](mailto:Leaseapplications@lauderdalewest.org)

## PLEASE READ BEFORE YOU COMPLETE THIS APPLICATION

- ONLY ORIGINAL APPLICATIONS WITH ORIGINAL SIGNATURES AND NOTARY WILL BE PROCESSED
- ALL APPLICATIONS MUST BE MAILED OR SENT VIA FEDEX, UPS OR U.S. PRIORITY MAIL.
- SPECIFY HOURS OF OPERATION TO FEDEX, UPS OR U.S. POSTAL SERVICE DELIVERY ONLY 9AM-12PM
- NO APPLICATIONS WILL BE ACCEPTED IN PERSON. DO NOT DROP OFF PAPERS AT FRONT DESK.
- THE BUSINESS OFFICE IS OPEN MONDAY-FRIDAY 9:00AM TO 12:00PM ONLY
- ALL OCCUPANTS MUST COMPLETE AN APPLICATION
- THE APPLICATION FEE IS \$100 PER PERSON OR COUPLE
- ADDITIONAL APPLICATION FEE IS \$50 FOR EACH ADDITIONAL APPLICANT/OCCUPANT
- CORRECTLY COMPLETED APPLICATIONS MAY TAKE 30-45 DAYS FOR PROCESSING
- INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED
- ALL DOCUMENTATION IS REQUIRED FOR EACH APPLICANT/OCCUPANT
- EXTERIOR HOME INSPECTIONS ARE CONDUCTED PRIOR TO APPROVAL
- FINANCIAL INFORMATION: PROOF OF INCOME  
(SS BENEFIT; PAY STUBS; PENSION; CURRENT TAX RETURN)
- CHILDREN UNDER 18 ARE NOT PERMITTED TO RESIDE AT LAUDERDALE WEST
- WE ACCEPT THE STATE OF FLORIDA APPROVED LEASES ONLY
- ALL SIGNATURES MUST MATCH OFFICIAL IDENTIFICATION
- SALES: MINIMUM DOWN PAYMENT 20%. MAXIMUM LOANS/MORTGAGES OR INDEBTEDNESS IS 80%.  
DOLLAR VALUE MUST BE REFLECTED IN CONTRACT
- 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

LAUDERDALE WEST COMMUNITY ASSOCIATION NO. 1 INC.

1141 NW 85<sup>TH</sup> Avenue  
Plantation, Florida 33322

**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 all pages. This application will become your contract with the Association and all signatures and notaries must be original. 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 for each applicant/occupant. All financial information is required for each applicant. Incomplete applications will not be processed. You may photocopy pages for additional applicants. Please submit all twelve (12) pages of this Application.

**SALES:** Minimum down payment is 20%. Maximum amount of loans/mortgages or indebtedness is 80%. The dollar value must be reflected in the Contract.

Condominium (Duplex and 4Plex) owners cannot sell or lease their property until one year after purchase. Single Family homeowners cannot lease 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 #: \_\_\_\_\_

BUYER/LESSEE #1 Print Name \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

BUYER/LESSEE #2 Print Name \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

OCCUPANT Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**BUYERS REALTOR**

Agent: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**SELLERS REALTOR**

Agent: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**EMPLOYMENT:**

Applicant #1

Retired: \_\_\_\_\_

Employer: \_\_\_\_\_ # years \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant #2

Retired: \_\_\_\_\_

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**FINANCIAL:**

**CREDIT SCORE =720**

**YES** \_\_\_\_\_

**NO** \_\_\_\_\_

**Affidavit of Financial Stability** \_\_\_\_\_

**PROOF OF INCOME:**

**SS Benefit** \_\_\_\_\_ **Pay Stubs (4)** \_\_\_\_\_ **Pension** \_\_\_\_\_ **Other** \_\_\_\_\_

**CURRENT TAX RETURN** \_\_\_\_\_

## **FOREIGN NATIONALS / FOREIGN INVESTORS – ONLY**

**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 (\$100.00 Fee)
- \_\_\_\_\_ Copy of Death Certificate
- \_\_\_\_\_ Proof of inheritance
- \_\_\_\_\_ 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 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:**

- **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**
- 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.

## 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.

<b>ALL APPLICANTS MUST ANSWER EACH QUESTION BELOW</b>	<b>APPLICANT</b>	<b>CO-APPLICANT</b>
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.

\_\_\_\_\_ **Photo Identification for each applicant (with legible signature)**

- d. Drivers' License or Non-Drivers' License or State Issued ID
- e. Passport

\_\_\_\_\_ **Proof of Age for each applicant**

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

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

- i. Proof of Income (SS Benefit Statement, Payroll stubs, Annuity Payment, etc.)
- j. Current Tax Return

\_\_\_\_\_ **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.**



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: APPLICATIONS APPROVAL OFFICE

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

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.

Applicant's Signature: \_\_\_\_\_

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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 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: \_\_\_\_\_

PURPOSE OF PURCHASE: Residence: \_\_\_\_\_ Investment: \_\_\_\_\_ Inheritance \_\_\_\_\_

Full Time Resident: \_\_\_\_\_ Part-Time Resident: \_\_\_\_\_ Seasonal Resident: \_\_\_\_\_

Single Family Homes must be owned for one year prior to lease

Condos/Plexes must be owned for one year prior to sale or lease

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.

BOARD OF DIRECTORS  
Jennie Lipari, President

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**AFFIDAVIT**

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

Buyer/Tenant - Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_

Buyer/Tenant - Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_

State of Florida  
County of \_\_\_\_\_

Sworn to Before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Notary