

Lakeshore Colony Master Association, Inc.

c/o Seacrest Services, Inc.
2101 Centrepark West Drive Suite 110
West Palm Beach, FL 33409
Phone - 561-697-4990 / Fax - 561-300-2176

Purchase/ Lease APPLICATION

CLOSING DATE: _____

_____/_____/_____ to ____/____/_____
Expected Lease Dates

Prior to move-in, be sure to schedule a meeting with our property manager Deborah Leonard
lakeshorecolonypm@gmail.com
561-582-6333

Seller/Owner _____

Buyer/Lessee _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

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TO ALL REALTORS **(Please read and adhere to the following)**

The Present Owner must have a Zero (\$0.00) balance with the Association before an application will be accepted for review.

Rentals are not permitted until the account becomes current.

The Board requires thirty (30) days from the day they receive the completed application to review and approve for occupancy of residence.

Unless otherwise indicated or arranged, interviews will not be scheduled less than thirty (30) days upon receipt of completed applications.

All funds must be submitted in the form of a cashier's check or money order. No personal or business checks will be accepted.

Residential rental property local business tax application needs to be completed.

Please make sure a copy of the business tax certificate is attached "BTR."

PLEASE TAKE NOTE:

- Certified, Translated International Interpol is required for all potential **International Occupants** including **Canadian Applicants**. An additional charge is required for all Canadian and International Occupants. Please contact Seacrest Services, Inc. Sales and Lease Department for pricing. All funds must be submitted in certified form as a cashier's check or money order. NO personal or business checks.
- Be aware that **Canadian and International Applicants** are required an **additional** fifteen (15) business days minimum to the standard processing time frame.
- Submit **all** the forms together to **Seacrest Services, Inc.** address above
- All persons listed on the **lease agreement or sales contract** must sign this application.
- A **background and credit check** are conducted upon all persons (over the age of 18) listed on the application.

Upon approval, the new owner/lessee must immediately schedule a briefing with the property manager prior to move-in. Our property manager is Deborah Leonard. She may be contacted at

lakeshorecolonypm@gmail.com
561-582-6333

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APPLICATION CHECKLIST

Dear Applicant,

In order to verify the information you provided on your application, and to facilitate the processing of your application, the following information is required:

- Please be sure your answers are written or printed in a legible manner.
- If you are currently leasing, daytime phone number for both current and previous landlord(s).
- Birthdate(s), Driver License(s) and State of Issue.
- Daytime phone number for current employers.
- Daytime phone number where you can be reached.

Please return this entire completed application packet to the above Seacrest address, Attn: Sales and Leasing Department.

PLEASE BE SURE TO INCLUDE ALL OF THE FOLLOWING WHEN PRESENTING YOUR COMPLETED APPLICATION:

_____ A copy of the purchase contract or executed lease agreement

_____ A copy of all adult applicant's driver's license(s).

_____ A separate \$125.00 cashier's check or money order made payable to Seacrest Services, Inc. for the administrative fee- this is a nonrefundable processing fee.

IF ANY OF THIS INFORMATION IS NOT PROVIDED WHEN THE APPLICATION IS SUBMITTED, IT WILL DELAY THE PROCESSING AND WILL RESULT IN AN IMMEDIATE REJECTION OF YOUR APPLICATION.

ACKNOWLEDGMENT

I have attached to this application a true and correct copy of the purchase contract OR Contract for Lease agreement for the above captioned unit.

Applicant(s) Initials: _____

I hereby acknowledge that the information provided in this application is true and accurate as of date of this application and if any information changes, I will promptly notify Seacrest Services Inc. I agree that if this application is NOT complete, it will not be considered by the Association until all of the information is completed by me (us) and copies of necessary documentation and payments have been received.

BUYER/LESSEE: _____

DATE: _____

BUYER/LESSEE: _____

DATE: _____

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DISCLOSURE & RELEASE

In connection with my application to rent, lease or purchase a dwelling unit at **Lakeshore Colony Master Association, Inc.** I understand that consumer reports and / or investigative consumer reports will be requested from a consumer reporting agency. These reports may include the following types of information: Names and dates of current or previous landlords and employers, reason for termination of employment or termination of residency as well as other sources of information such as bankruptcy proceedings, judgments, criminal records, etc., from federal, state and other agencies, which maintain such records. Other information obtained may relate or my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristic, or mode of living.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agency Applicant Information, formerly known as Renters Reference of Florida, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which the agency has previously furnished within the twelve-month period preceding my request. I hereby consent to your obtaining the above information from the agency.

I hereby authorize procurement of consumer report(s) and investigative consumer report(s). if my application is accepted; and I occupy a dwelling unit, this authorization shall remain on file and shall serve as ongoing authorization for your procure such reports at any time during my residency on the property.

California, Minnesota, and Oklahoma consumers only: Check box if you request a copy of any consumer report ordered by you.

Print Last, First and Middle Name

Social Security Number

Applicant Signature

Date of Birth (MM/DD/YYYY)

Driver's License Number

Driver's License state

Current Street Address

City

State

Zip

Contact Number

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Print Last, First and Middle Name

Social Security Number

Applicant Signature

Date of Birth (MM/DD/YYYY)

Driver's License Number

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Current Street Address

City

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IMPORTANT INFORMATION FOR PURCHASE/LEASE APPLICATIONS

APPLICATIONS ARE UPDATED FROM TIME TO TIME AS NEEDED. TO AVOID DELAYS, DO NOT SUBMIT AN APPLICATION WITHOUT FIRST CHECKING FOR REVISIONS. EXPIRED APPLICATIONS WILL BE RETURNED TO THE SUBMITTER.

Should the unit have funds owed the Association, an Application for Sale will not be considered valid until all balances due to the Association have been satisfied.

Processing may take up to thirty days after receipt and verification of all required information. An in-person interview of all prospective Buyers/Lessors and Occupants is required.

Incomplete, or modified applications will be returned, unprocessed, to the applicant, causing delays, and possibly result in loss of application fees.

If the application is not legible or is not completely and accurately filled out, the application will be placed on hold until all documents are corrected, completed, and returned to the Management Company. This may delay closing or move-in date. The Management Company, Association, and/or Owners will not be responsible or liable for any inaccurate information caused by omission or illegibility.

ALL decisions regarding approvals or denials are rendered by the Board of Directors at Lakeshore Colony Master Association, Inc. The Board of Directors at Lakeshore Colony Master Association, Inc., is allowed up to 30 days from the time a completed application is received to render their decision. Decisions are issued in writing.

DISCLAIMER

The Board's approval of this application should in no way be construed as a recommendation, warranty of fitness or in any manner vouching for the prospective new resident's future performance of any required obligations. Board approval may not be relied upon as expressing any belief that the new resident will honor expected obligations, and nothing herein should be construed in any way to establish or confer any right of recourse against the Lakeshore Colony Homeowner's Association or its Board of Directors.

BUYER/LESSEE: _____

DATE: _____

BUYER/LESSEE: _____

DATE: _____

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IMPORTANT INFORMATION REGARDING MASTER ASSOCIATION AND SUB ASSOCIATIONS

Lakeshore Master Association - All 184 units are a part of the Lakeshore Colony Master Association. Within the Master Association there are 3 sub associations: LAKESHORE NORTH HOMEOWNERS ASSOCIATION. INC. [LAKESHORE NORTH], LAKESHORE COLONY NO. 1 CONDOMINIUM ASSOCIATION. INC. [LAKESHORE CONDOMINIUM] and LAKESHORE COLONY VILLA ASSOCIATION. INC. [LAKESHORE VILLAS], based on the location of your unit. **The Master Association** is responsible for the management of all of the buildings and structures located in the common areas and all maintenance of the common area property in the community. This includes the clubhouse, sports courts, swimming pools, roadways, landscaping, and entrances to the community. **A Quarterly Maintenance** assessment applies to each unit owner.

Lakeshore North - IMPORTANT - Insurance transfer form for flood **MUST** be completed and submitted to the property manager **PRIOR** to closing. If it is not completed, the unit owner insurance will not be transferred to the buyer. **Please contact the Property Manager for necessary forms at lakeshorecolonypm@gmail.com**

Lakeshore North is comprised of 130 residential units. The primary areas supervised by Lakeshore North are the unit owner insurance policies on the dwelling units, the maintenance of the dwelling units in a quality condition and other exterior dwelling unit related maintenance items, such as gutters, roofs and utility sheds by the unit owners and the maintenance of the mangroves behind the dwelling units in the northeast corner of the community, at such unit owners' expense. Lakeshore Master Association is responsible for all common property or common areas surrounding each dwelling structure.

Unit owners are required to obtain and maintain full replacement cost, multi-peril property and casualty insurance for their units, including but not limited to wind/hurricane and flood coverages, to include the Association as an *additional named insured and loss payee under each insurance policy* and to provide the Association with a copy of the declaration sheet and a copy of the policy for each insurance policy.

Lakeshore Colony Villa - The Villas Association is comprised of 14 one story residences in the area west of the Condo parking areas and adjacent to the Clubhouse and tennis courts.

Lakeshore Condominium is comprised of 40 condominium units. - **Lakeshore Condominium Buyers or Tenants should NOT be filling out this application.** For sales or rentals of condo units, please obtain the Condo Application from the Lakeshore Condominium property management company, HRT, by calling 561-998-3011 or email info@hrtrealty.com

***Register on the Association website lakeshorecolonymaster.frontsteps.com to obtain all governing documents and information and sign up to receive bulletins and weekly newsletters.**

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THIS IS AN APPLICATION FOR: (Please check one)

Lease

Purchase

_____/_____/_____ Proposed Date of Occupancy

Owner Name

_____-_____-_____
Owner Contact Number

Address of Property

Permanent Address of Owner

1st - Applicant Name

Social Security Number

Driver's License Number

\$_____
Annual Income

Date of Birth

Phone Number

Applicant(s) Current Address (include city, state and zip code)

2nd - Applicant Name

Social Security Number

Driver's License Number

\$_____
Annual Income

Date of Birth

Phone Number

Applicant(s) Current Address (include city, state and zip code)

Please check one of the following:

I/We will be year-round resident(s)

I/We will be seasonal resident(s)

If you will be a seasonal resident, when will your unit be occupied? _____

How many residents will occupy your unit? _____ Adults (Over 18) _____ Children (Under 18)

Please LIST ALL OCCUPANTS WHO WILL RESIDE AT THE RESIDENCE IF APPROVED:

Name Age Relationship to Applicant Date of Birth

Name Age Relationship to Applicant Date of Birth

Name Age Relationship to Applicant Date of Birth

Name Age Relationship to Applicant Date of Birth

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RESIDENT HISTORY

Current Street Address

Current Landlord

City, State and Zip Code

Landlord Street Address

Home Phone Number

Landlord Phone Number

Previous Street Address

Previous Landlord Address

City, State and Zip Code

City, State and Zip Code

Cell Phone Number

Landlord Cell Phone Number

EMPLOYMENT REFERENCES

1st Applicant Employer Name

2nd Applicant Employer Name

Employer's Address

Employer's Address

City, State and Zip Code

City, State and Zip Code

Employer's Phone Number

Employer's Phone Number

Applicant's Job Title

Applicant's Job Title

_____ years _____ months

_____ years _____ months

Length of Employment

Length of Employment

\$ _____

\$ _____

Annual Salary

Annual Salary

EMERGENCY CONTACT INFORMATION

Name

Relationship

Phone Number

Address (include city, state and zip code)

Name

Relationship

Phone Number

Address (include city, state and zip code)

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GENERAL INFORMATION

HAVE YOU EVER...

- | | | | | | | |
|---|---------------------------|------------------------------|-----------------------------|---------------------------|------------------------------|-----------------------------|
| 1. Been evicted? | 1 st Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 2 nd Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Broken a Rental Agreement? | 1 st Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 2 nd Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Been Convicted of a Felony? | 1 st Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 2 nd Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Received deferred Adjudication for a Felony? | 1 st Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 2 nd Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

What will be your Primary Address? _____

Address of Second Home, if any: _____

(_____) _____ - _____

Primary Phone Number

(_____) _____ - _____

Secondary Phone Number

Primary Email Address

Secondary Email Address

VEHICLE INFORMATION

Number of vehicles used by occupants of your unit: _____. No boats, campers, motor homes, trailers or boat trailers of any kind are allowed on the premises. See additional in the Rules and Regulations on Parking and Vehicles.

Year Make Model Tag Number

Year Make Model Tag Number

Year Make Model Tag Number

BUSINESS INFORMATION

Name of (Please choose one): Attorney Realtor Owner Address and Phone Number

If approved, give address where the Certificate of Approval should be sent:

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LAKESHORE COLONY MASTER ASSOCIATION, INC. RULES AND REGULATIONS

41 S. Lakeshore Drive Hypoluxo, FL 33487

Lakeshore Address _____

By signing this letter, you are confirming that you have read the Lakeshore Colony Master Association, Inc. rules and regulations and understand that:

- No commercial vehicles, boats, trailers or recreational vehicles of any type are allowed.
- Residents must only use those parking spaces assigned to their unit. No parking on the grass and no overnight street parking is allowed.
- No rentals are permitted within the first two (2) years of ownership.
- No daily, weekly or monthly rentals. Renting or leasing of a residence must be done for a minimum of three (3) months and an owner can only rent twice a year.
- Pets shall be restricted to no more than one domestic pet per dwelling. A pet shall mean a dog cat or other household pet. No pet is permitted which shall exceed 30 pounds at maturity of age.
- All pets / animals must be registered with the Association.
- Subleasing is NOT allowed.
- Leasing with Options to purchase are NOT permitted.

1st Applicant Signature

2nd Applicant Signature

Print Name

Print Name

Date

Date

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PET REGISTRATION

DO YOU OWN ANY PETS? YES NO

Date: _____/_____/_____

Owner: _____ Unit#: _____

1. Pet's Name: _____

2. Species: _____

3. Breed: _____

4. Gender: M _____ F _____ (SPAYED) _____ (NEUTERED) _____

5. Color: _____

6. Age: _____

7. Weight: _____

No pet is permitted which shall exceed 30 pounds at maturity of age.

**PLEASE PROVIDE A CERTIFIED COPY OF CURRENT
LICENSE & CURRENT RABIES VACCINATION**

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LAKESHORE COLONY FRONT ENTRY CALL BOX INFORMATION

Entry into the community is managed by a call box system at the front gate. Owners, guests and visitors can gain entry by entering a code into the system that will then dial up a phone number of your choice (home or cell) that you wish to receive a call for review and authorization to enter. The call will be from 561-335-6646 and be identified as "Lakeshore".

1. **Guests and visitors** can scroll through alphabetically, either forward or backward to identify the name and unit they wish to visit. After finding the name they can press the "Call" button. A short cut method is available to skip the scrolling process and simply enter the four-digit home code preceded by #. (#1234, for example) Either method will dial up the number in the system.

2. To approve entry simply dial "9" on your phone.

3. **Vendor Code** a special vendor code has been set up for vendors, deliveries and contractors. It allows access Monday-Friday from 8am-6pm only. Weekends require a dial up call. The current code is published in the weekly newsletter.

Owners may purchase a "**key chain gate clicker**" to simplify the process that will open the gate by pressing the button several yards before approaching the call box. It can also be utilized to program a vehicle equipped with a home link type system. Additional clickers can be purchased at the one-time cost of **\$40**.

To order:

Name _____ Phone # _____

Address _____

of clickers _____

Make check payable to: **Lakeshore Colony Master Association, Inc.**

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PERSONAL REFERENCE REQUEST FORM #1

Street Address of Unit

City, State and Zip Code of Unit

Dear Applicant,

Please follow the instructions listed below carefully so you do not delay your application process. If the form is incomplete in any way, it will hold up your application.

_____ Choose three (3) people as personal references.

_____ Mail, Fax and Hand-deliver one (1) form of each reference you have chosen.

_____ Explain to the person(s) giving the reference that they must complete every section and that they must include their name, address and signature.

_____ Have the person providing the reference return the form directly to you NOT to Seacrest Services, Inc.

_____ When you have received the completed forms from your references, proof them for accuracy and include in your application package.

THIS SPACE IS RESERVES FOR REFERNCED INFORMATION ONLY

Character: _____

Integrity: _____

Other Comments: _____

Reference Signature

Reference Address

Print Name

City, State and Zip Code

Date

Relationship to Applicant

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PERSONAL REFERENCE REQUEST FORM #2

Street Address of Unit

City, State and Zip Code of Unit

Dear Applicant,

Please follow the instructions listed below carefully so you do not delay your application process. If the form is incomplete in any way, it will hold up your application.

_____ Choose three (3) people as personal references.

_____ Mail, Fax and Hand-deliver one (1) form of each reference you have chosen.

_____ Explain to the person(s) giving the reference that they must complete every section and that they must include their name, address and signature.

_____ Have the person providing the reference return the form directly to you NOT to Seacrest Services, Inc.

_____ When you have received the completed forms from your references, proof them for accuracy and include in your application package.

THIS SPACE IS RESERVES FOR REFERNCED INFORMATION ONLY

Character: _____

Integrity: _____

Other Comments: _____

Reference Signature

Reference Address

Print Name

City, State and Zip Code

Date / /

Relationship to Applicant

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PERSONAL REFERENCE REQUEST FORM #3

Street Address of Unit

City, State and Zip Code of Unit

Dear Applicant,

Please follow the instructions listed below carefully so you do not delay your application process. If the form is incomplete in any way, it will hold up your application.

_____ Choose three (3) people as personal references.

_____ Mail, Fax and Hand-deliver one (1) form of each reference you have chosen.

_____ Explain to the person(s) giving the reference that they must complete every section and that they must include their name, address and signature.

_____ Have the person providing the reference return the form directly to you NOT to Seacrest Services, Inc.

_____ When you have received the completed forms from your references, proof them for accuracy and include in your application package.

THIS SPACE IS RESERVES FOR REFERNCED INFORMATION ONLY

Character: _____

Integrity: _____

Other Comments: _____

Reference Signature

Print Name

Date

Reference Address

City, State and Zip Code

Relationship to Applicant