

Lakeshore Colony 1 Condominium
c/o Grant Property Management
1599 NW 9th Ave Ste 2, Boca Raton, FL 33486 Ph 561-417-4100

INTERVIEW WITH THE BOD IS ALSO PART OF THE APPLICATION PROCESS TO OBTAIN APPROVAL.
MAXIMUM PET LIMIT: 1 PET - 25 LBS PHOTO OF THE PET, PLEASE NOTE RENTERS ARE NOT ALLOWED TO HAVE PETS.

PLEASE HAVE THE FOLLOWING DOCUMENTS/FORMS ATTACHED:

APPLICANT AND CO-APPLICANT PHOTO IDENTIFICATION (US DRIVER'S LICENSE OR PASSPORT)
Social Security number, PET PHOTO (IF APPLICABLE), VEHICLE – picture of front and back and vehicle registration; Purchase / Lease Agreement
MARRIAGE CERTIFICATE (IF APPLICABLE AND IF MARRIED WITH DIFFERENT LAST NAMES)

THE PURCHASE / LEASE APPLICATION

A money order/cashier's check in the amount of \$100.00 application fee payable to Lakeshore Colony 1 Condominium. must accompany this application. Also include a \$150.00 non-refundable processing fee made payable to Grant Property Management. Married couples are considered one applicant.

APPLICANT LEGAL NAME: _____

CO- APPLICANT LEGAL NAME: _____

PLEASE ENTER THE COMPLETE LEGAL ADDRESS OF THE RESIDENCE YOU ARE APPLYING FOR:
ADDRESS: _____ BLDG #: _____ UNIT#:

CITY: _____ STATE: _____ ZIP CODE: _____

ARE THERE ANY ADDITIONAL RESIDENT/APPLICANTS? YES NO

****NOTE: ANY ADDITIONAL OCCUPANTS 18 YEARS OF AGE OR OLDER MUST SUBMIT A SEPARATE APPLICATION****

IF YES, PLEASE LIST FULL FIRST & LAST NAMES, AGE & RELATIONSHIP:

FIRST & LAST NAME	AGE	RELATIONSHIP

You are hereby authorized to release any and all information requested with regards to verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references to Grant Property Management. This information is to be used for my/our credit report for my/our Application for Occupancy. I/We hereby waive any privileges I/We may have with respect to the said information in reference to its release to the aforementioned party. Information obtained for this report is to be released to Grant Property management, Property Manager, Board of Directors and The Landlord for their exclusive use only.

Please notify your Landlord(s), Employer(s), and Character References that we will be contacting them to obtain a reference pursuant to your application.

I/We further state the Authorization Form was signed by me/us and was not originated with fraudulent intent by me/ us or any other person, and that the signature(s) below are my/our own proper signature.

I/We certify under penalty of perjury that the foregoing is true and correct.

I/WE UNDERSTAND THAT THE APPLICATION FEE IS REQUIRED AND NONREFUNDABLE REGARDLESS OF THE OUTCOME OF THE APPLICATION.

APPLICANT SIGNATURE

DATE

APPLICANT PRINT

CO-APPLICANT SIGNATURE

DATE

CO-APPLICANT PRINT

APPLICATION FOR OCCUPANCY

LEGAL MOVING-IN ADDRESS: _____
UNIT NUMBER: _____ MOVE-IN DATE: _____ DATE OF APPLICATION: _____

APPLICANT TYPE: _____ IF LEASING: _____

LEASE TERM _____ LEASE END DATE _____ MONTHLY RENT _____

IF PURCHASING: CLOSING DATE _____

RESIDENT INFORMATION

PRIMARY APPLICANT:

FULL NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ PASSPORT NUMBER: _____

EMAIL 1: _____ EMAIL 2: _____

CELL PHONE: _____ WORK PHONE: _____ OTHER PHONE: _____

CURRENT RESIDENCE

STREET ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____
COUNTRY: _____

OWN or RENT (circle) LENGTH OF RESIDENCE: YEARS _____ MONTHS _____

CO-APPLICANT / SPOUSE:

FULL NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ PASSPORT NUMBER: _____

EMAIL 1: _____ EMAIL 2: _____

CELL PHONE: _____ WORK PHONE: _____ OTHER PHONE: _____

CURRENT RESIDENCE

STREET ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____
COUNTRY: _____

OWN or RENT (please circle): LENGTH OF RESIDENCE: YEARS _____ MONTHS _____

APPLICANT INITIAL: _____ CO-APPLICANT INITIAL: _____

EMPLOYMENT HISTORY

PRIMARY APPLICANT EMPLOYMENT

EMPLOYMENT TYPE: _____
COMPANY NAME: _____ POSITION: _____
ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____
OCCUPATION / POSITION: _____
DATE STARTED: _____ SALARY AMOUNT: _____ PAY PERIOD: _____
SUPERVISOR NAME: _____
SUPERVISOR PHONE: _____

IF SELF-EMPLOYED:

TYPE OF BUSINESS: _____ YEARS IN BUSINESS: _____
BUSINESS PHONE _____

CO-APPLICANT / SPOUSE EMPLOYMENT

EMPLOYMENT TYPE: _____
COMPANY NAME: _____ POSITION: _____
ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____
OCCUPATION/POSITION: _____
DATE STARTED: _____ SALARY AMOUNT: _____ PAY PERIOD: _____
SUPERVISOR NAME: _____
SUPERVISOR PHONE: _____

IF SELF-EMPLOYED:

TYPE OF BUSINESS: _____ YEARS IN BUSINESS: _____
BUSINESS PHONE _____

APPLICANT INITIAL: _____ CO-APPLICANT INITIAL: _____

REFERENCE CONTACT INFORMATION

PRIMARY APPLICANT REFERENCES

REFERENCE 1:

REFERENCE NAME: _____ RELATIONSHIP TO APPLICANT: _____

CELL: _____ HOME: _____ EMAIL: _____

COUNTRY OF RESIDENCE: _____

REFERENCE 2:

REFERENCE NAME: _____ RELATIONSHIP TO APPLICANT: _____

CELL: _____ HOME: _____ EMAIL: _____

COUNTRY OF RESIDENCE: _____

CO-APPLICANT/SPOUSE REFERENCES

REFERENCE 1:

REFERENCE NAME: _____ RELATIONSHIP TO APPLICANT: _____

CELL: _____ HOME: _____ EMAIL: _____

COUNTRY OF RESIDENCE: _____

REFERENCE 2:

REFERENCE NAME: _____ RELATIONSHIP TO APPLICANT: _____

CELL: _____ HOME: _____ EMAIL: _____

COUNTRY OF RESIDENCE: _____

EMERGENCY CONTACT

REFERENCE NAME: _____ RELATIONSHIP TO APPLICANT: _____

ADDRESS: _____ CITY/STATE: _____

COUNTRY: _____

CELL: _____ HOME: _____ EMAIL: _____

APPLICANT INITIAL: _____ CO-APPLICANT INITIAL: _____

PET 1 INFORMATION (RENTERS ARE NOT ALLOWED TO HAVE PETS)

PET NAME: _____ PET TYPE: _____

PET SEX: _____ PET BREED: _____

PET AGE: _____ WEIGHT: _____ PET LICENSE: _____

PET DESCRIPTION: _____

VEHICLE INFORMATION (EACH UNIT HAS ONE ASSIGNED PARKING SPOT ONLY.)

VEHICLE 1 INFORMATION

YEAR: _____ MAKE: _____ MODEL: _____

COLOR: _____ VIN NUMBER: _____

TAG/LICENSE PLATE: _____ STATE REGISTERED: _____

VEHICLE INSURANCE COMPANY: _____

VEHICLE 2 INFORMATION

YEAR: _____ MAKE: _____ MODEL: _____

COLOR: _____ VIN NUMBER: _____

TAG/LICENSE PLATE: _____ STATE REGISTERED: _____

VEHICLE INSURANCE COMPANY: _____

I HEREBY CERTIFY THAT ALL INFORMATION INCLUDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND THAT THIS APPLICATION HAS BEEN FULLY COMPLETED TO THE BEST OF MY ABILITY.

I UNDERSTAND THAT ANY INFORMATION LEFT OUT THAT IS REQUIRED BY THE ABOVE-MENTIONED COMMUNITY/ASSOCIATION MAY RESULT IN A DELAY AND/OR DISAPPROVAL OF MY APPLICATION.

Applicant Signature

Applicant Print

Date

Co-Applicant Signature

Co-Applicant Print

Date

LAKESHORE COLONY 1 CONDOMINIUM ASSOCIATION

ADDENDUM TO LEASE

Unit Owner(s)/Lessor(s) and Lessee(s) hereby agree and consent, in accordance with the Declaration of Condominium of Lakeshore Colony 1 and the By-Laws (hereinafter collectively "Declaration"), that in the event the Unit Owner(s)/Lessor(s) become delinquent for reason of non-payment of association maintenance assessments, special assessments, or other allowed sums, the Association shall have the right to collect any and all rental sums directly from the Lessee(s) as they come due under this lease to the extent of the sums due the Association and as long as sums remain due the Association. The Association shall also be entitled and is hereby assigned the right to directly sue to evict the Lessee(s) to the extent rent is or remains unpaid after assignment of same hereunder. The Unit Owner(s)/Lessor(s) and Lessee(s) acknowledge and agree to the assignment of rents in accordance with the foregoing and agree to comply with it upon written demand by Association. Unit Owner(s)/Lessors(s) and Lessee(s) further agree and consent that the Association has the right to terminate the lease upon default by the Lessee(s) in observing any of the provisions of this Addendum to Lease, the Declaration, By-Laws or Rules and Regulations of the Association, and that Association may evict Lessee(s) therefore. Lessee(s) agree that they shall reimburse the

Association for all attorneys' fees and costs if he/she/they breach any term of this Addendum, sub-leasing is prohibited.

Witnesses:

Lessor(s)/Unit Owner(s)

Lessee(s)

Rules and Regulations Acknowledgment Form

This is to acknowledge that I/we are in receipt of the Lakeshore Colony 1 Condominium Association. Rules and Regulations. I (We) have read and understand same and hereby agree to abide by said Rules and Regulations.

I/We agree to abide by all rules of the Association.

RECEIVED BY OWNER (TENANT):

Signature

Date

Signature

Date