

Lakeridge Condominium Association
1776 6th Street NW
Winter Haven, FL 33881
Phone: 863-299-1993
E-Mail: lakeridgemedi@gmail.com

New Lease/Tenant Packet

01. Lease Application Form
02. New Resident Background Check
03. General Information Letter
04. Affidavit for Documents
05. Emergency Contact Information
06. Parking Permit/Vehicle Information Form
07. House Rules Booklet

Note:

Items # 01–07: Available for download on Lakeridge Condominium Assn Website

Lakeridge Condominium Association Website: lakeridgemedi.com

New Owner/Renter/Occupant Background Check Requirement

For privacy reasons, the required background check will be handled by a third party. Only form on the following page will be forwarded to The Lakeridge Board once the investigation is complete. This background check must be completed for each Owner and any Occupants prior to the required Board interview. It is recommended that the background check be requested as early as possible as it may take several days. At no time may an adult make their residence at Lakeridge without a background check and new resident interview unless they were a resident prior to the adoption of this process.

The Lakeridge Board understands that indiscretions of youth do not always relate to the current character of the applicant, but will expect candor from the application during the interview.

Please send this completed form for each applicant, along with a \$50 processing fee for the each applicant to the following investigation firm:

CDI Investigations
Attn: Calvin R. Dennie Jr
P. O. Box 10982
St. Pete, Fl. 33733
(727) 430-2293

Lakeridge Condominium Association

New Owner/Renter/Occupant Background Check Form

Name: _____

Current Address: _____ Since: _____

Previous Address: _____ Since: _____

Please provide any additional addresses for the last 10 years on the back of this form.

For privacy reasons, the following must be provided on a separate page. The Investigator will be the only one to see this additional data. It will not be provided to The Lakeridge Board. Incomplete information may lead to inaccurate results.

1. Social Security Number _____
2. Driver's License Number _____
3. Date of Birth _____
4. Race _____
5. Any additional Aliases _____
6. Contact phone number at which the investigator may reach you _____

The following data to be completed only by the investigator:

	Never	Last 10 Years	Prior
1. History of Felony Convictions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. History of Assault Convictions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. History of Sexual Assault Convictions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. History of DUI Charges:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Listed on the Sexual Offender List:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. History of Incarceration:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. History of Evictions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. History of Bankruptcies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. History of Foreclosures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- I was able to complete an investigation concerning this individual.
- I was unable to complete an investigation concerning this individual.

Investigator Signature

Date Completed

Lakeridge Condominium Association, Inc
A 55 and Older Community
1776 6th Street NW #106
Winter Haven, Florida 33881

APPLICATION FOR RENTAL OR LEASE

Date: _____

Applicant's name: _____
Last First Initial Date of Birth

Spouse name: _____
Last First Initial Date of Birth

Marital Status: Single _____ Married _____ Widowed _____

Present Address: _____
Street City State Zip Code

Number of Years at Above Address: _____ Telephone Number: _____

Previous Address: _____
Street City State Zip Code

Number of Years at Previous Address: _____

Are You Employed? _____ Self Employed? _____ Retired? _____

Employer's Name and Address: _____

_____ Telephone Number _____

If Retired, Previous Employer's Name and Address: _____

_____ Date of Retirement: _____

Spouse's Current or Previous Employer's Name and Address: _____

Name and Age of Children Residing in Your Home:

_____ () _____ ()

_____ () _____ ()

Do you own a pet? YES NO

Type of Pet: Dog Cat Bird (Pet Limit of Either One Dog OR One Cat OR One Caged Bird)

Weight of Pet (Current Weight Restriction: 20 Lbs/Maximum): _____

Breed of Pet (See Breed Restrictions in House Rules Booklet): _____

List three personal references:

Name	Address	Telephone number
_____	_____	_____
_____	_____	_____
_____	_____	_____

LAKERIDGE CONDOMINIUM ASSOCIATION, INC

Application for Rental or Lease - Continued

A copy of your lease/rental contract is to be attached to this application. The minimum time for rental or lease is no less than twelve (12) months.

Please notify the Board of Directors in writing, the date and expected time your moving van will arrive so the necessary arrangements can be made to facilitate unloading. If at all possible, the arrival of the moving van should be scheduled for Tuesday through Thursday. Some restrictions apply to other times.

The person(s) renting or leasing a unit represents that the information submitted to the Lakeridge Condominium Association, Inc concerning that person(s) and other occupant(s)/tenant(s) is true. As part of the consideration of this agreement, the person(s) renting or leasing consents that the Lakeridge Condominium Association, Inc may make such investigations of the person(s) renting or leasing as may be deemed desirable, and the person(s) renting or leasing covenants to hold the Lakeridge Condominium Association, Inc harmless and releases the Lakeridge Condominium Association, Inc for liability on account of such investigation and Lakeridge Condominium Association, Inc's decision on the information.

APPLICANT(S) SIGNATURE, PRINTED NAME AND DATE

(Signature) (Printed Name) (Date)

(Signature) (Printed Name) (Date)

FOR BOARD OF DIRECTORS USE ONLY

DIRECTOR'S SIGNATURE & PRINTED NAME DATE APPROVED NOT
APPROVED

Lakeridge Condominium Association, Inc.
A 55 and Older Community
1776 6th Street NW #106
Winter Haven, Florida 33881

GENERAL INFORMATION FOR OWNERS

Welcome to the Lakeridge Condominium Association. Hopefully your residency will be an enjoyable experience with long lasting memories.

The owners of the units at Lakeridge have organized as the Lakeridge Condominium Association, Inc, a Florida non-profit corporation. Bylaws and House Rules have been established for the benefit and protection of Corporation members. You should have copies of these documents in your possession.

It is the Board's desire to maintain a short resume of pertinent information (a blank form is attached) from each occupant. These records are treated as confidential, and are maintained in the Association office.

We wish you a happy tenancy and sincerely hope that each of you will give the Board of Directors your full cooperation. The condominium Board of Directors, elected by members of the Association, serve on a volunteer basis. The mission of the Board of Directors is to see that the community interest of the Association is adequately addressed, while maintaining the monthly maintenance fees at a minimum.

Lakeridge Condominium Association, Inc
A 55 and Older Community

INFORMATION FOR USE IN EMERGENCIES

Date _____ Unit # _____

Phone Number(s)

Name of Owner(s)

Other Occupants

Major physical limitations you care to disclose

Will you need assistance to exit the building in case of emergency?

Primary Care Physician/Clinic

Address _____ Phone Number(s) _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

#1 Name _____ Relationship _____

Phone Number(s)

Address

#2 Name _____ Relationship _____

Phone Number(s)

Address

Does the Lakeridge Office have keys to your Condominium Unit? () Yes () No

Does anyone else have keys to your Condominium Unit? () Yes () No

If yes, Their Name _____ Phone Number(s) _____

Do you employ outside assistance (Caregiver, etc)? () Yes () No

If yes, Their Name _____ Phone Number(s) _____

I/We, the undersigned, submit this information voluntarily and authorize its use for our benefit in case of emergencies. We will not hold the Lakeridge Condominium Association, Inc Officers, Board of Directors, or any person appointed by the aforementioned, libel in the discharge of any duties performed by them.

Signature	Printed Name	Date
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Signature	Printed Name	Date
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LAKERIDGE CONDOMINIUM ASSOCIATION, INC.

PARKING PERMIT APPLICATION

Date: _____

Name: _____

Unit Number: _____

Assigned Parking Space Number for Unit: _____

Primary Vehicle - Make: _____ **Model:** _____

Year: _____ **Color:** _____

License Plate Number: _____ **State:** _____

Handicapped Parking Permit Number: _____

Handicapped Parking Permit Issuing State: _____

IF MORE THAN ONE VEHICLE (Secondary Vehicles may be Parked in Guest Spaces):

Name: _____

Secondary Vehicle - Make: _____ **Model:** _____

Year: _____ **Color:** _____

License Plate Number: _____ **State:** _____

Handicapped Parking Permit Number: _____

Handicapped Parking Permit Issuing State: _____

If owning additional vehicles, you may continue on the back of the form or request additional form(s) from the LCA Office. Each Unit has one (1) assigned covered parking space. Additional vehicles may be parked in the Guest parking spaces. Parking is for Residential Passenger Vehicles only. Parking of Recreational Vehicles, Motor Homes, Campers, Trailers, etc is not permitted. See the LCA House Rules Booklet and Governing Documents for further information regarding the Parking Rules and Regulations.