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:				
Spouse name:	Last	First	Initial	Date of Birth
	Last	First	Initial	Date of Birth
Marital Status: Single		Married	Widowed	
Present Address:				
	Street	City	State	Zip Code
Previous Address:				
Number of Years at Pr	Street	City	State	Zip Code
Are You Employed? _		Self Employed?	Re	etired?
Employer's Name and	Address:			
		Telephone Number	r	
If Retired, Previous En	mployer's Name ar	nd Address:		
If Retired, Previous En	mployer's Name ar	nd Address:		ent:
If Retired, Previous E	mployer's Name ar	nd Address:	_ Date of Retirem	
If Retired, Previous En	mployer's Name ar	nd Address:	_ Date of Retirem	ent:
If Retired, Previous En	mployer's Name ar	nd Address:s Name and Address:	_ Date of Retirem	ent:
If Retired, Previous En	mployer's Name ar	s Name and Address:	_ Date of Retirem	ent:
If Retired, Previous En	mployer's Name ar	s Name and Address:	_ Date of Retirem	ent:(
If Retired, Previous En	mployer's Name ar	s Name and Address:	_ Date of Retirem	ent:(
If Retired, Previous En Spouse's Current or Previous En Name and Age of Chil	mployer's Name ar	s Name and Address: Your Home:() NO	_ Date of Retirem	ent:(
If Retired, Previous En Spouse's Current or Previous En Name and Age of Chil Do you own a pet? Type of Pet: Dog	revious Employer's Idren Residing in Y YES Cat Bird	s Name and Address: Your Home:() NO (Pet Limit of Either	_ Date of Retirem	ent:(
If Retired, Previous En Spouse's Current or Previous En Name and Age of Chil Do you own a pet? Type of Pet: Dog Weight of Pet (Curren	revious Employer's Idren Residing in Y YES Cat Bird t Weight Restriction	s Name and Address: Your Home:() NO (Pet Limit of Either on: 20 Lbs/Maximum): _	_ Date of Retirem	ent:((e Cat OR One Caged Bird
Spouse's Current or Property of Pet: Do you own a pet? Type of Pet: Dog Weight of Pet (Current of Pet (See Breed)	revious Employer's Idren Residing in Y YES Cat Bird t Weight Restrictions in F	s Name and Address: Your Home:() NO (Pet Limit of Either on: 20 Lbs/Maximum): _	_ Date of Retirem	ent:((e Cat OR One Caged Bird
If Retired, Previous En Spouse's Current or Previous En Name and Age of Chil Do you own a pet? Type of Pet: Dog Weight of Pet (Curren	revious Employer's Idren Residing in Y YES Cat Bird t Weight Restriction ed Restrictions in Ferences:	s Name and Address: Your Home:() NO (Pet Limit of Either on: 20 Lbs/Maximum): _	_ Date of Retirem	ent:((e Cat OR One Caged Bird

LAKERIDGE CONDOMINIUM ASSOCIATION, INC

APPLICANT(S) SIGNATURE, PRINTED NAME AND DATE

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 six months plus one day.

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 for liability on account of such investigation and Lakeridge Condominium Association, Inc's decision on the information.

(Signature)	(Printed Name)	(Date)	
(Signature)	(Printed Name)	(Date)	
FOR BOARD (OF DIRECTORS USE	ONLY	
DIRECTOR'S SIGNATURE & PRINTED NAM APPROVED	ME DATE	APPROVED	NOT
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