

LAKESIDE COMMUNITY OWNERS ASSOCIATION, INC.

Application for Proposed Lessee

NOTE: This application will not be considered unless filled in completely and submitted to Lakeside Community Owners Association, INC., at least THIRTY (30) days prior to occupancy. This application shall be signed by all parties to the lease or it will be returned without approval given. A person is not a legal lease until this procedure is completed and approval is granted. If proposed tenant(s), move in prior to approval in the future.

REQUIREMENTS

- **Return copy of Application and Contract or Lease & \$50.00 application fee for each applicant payable to : Unique Property Services, INC.**

Name of Lessee: _____ Date of Birth _____ Phone# _____

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Name of Owner: _____ Phone # _____

Property Address: _____

Contact _____ email address _____ Phone _____

With results of application

Application Date: _____ Lease Period _____

(Must be for period of one year, non-negotiable except at the end of a one-year term)

1st Lessee Name: _____ SSN: _____

2nd Lessee Name: _____ SSN: _____

Current Address: _____ How long? _____

City/State/Zip: _____

Previous Address: _____ How long? _____

City/State/Zip: _____

Landlord/Mortgage Holder Name on Previous Address: _____

Address: _____ Phone# _____

Vehicle Make: _____ Model: _____ Year: _____ Tag# _____ State _____

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*****NO COMMERCIAL TRUCKS OR VEHICLES, RV'S, BOATS OR TRAILER***PLEASE SEE DECLARATION OF CONVENANTS FOR SPECIFICS.**

[Pet: Dog/Cat breed: _____ Other:(specify type) _____ Weight _____ lbs Age: _____

(MAXIMUM THREE (3) PETS PERMITTED. SEE DECLARATION OF CONVENANTS FOR SPECIFIC RESTRICTIONS)

Boat: Y/N (circle one) Make _____ Length _____ Weight _____
Registration # _____ State _____ Expires _____
Boat Name _____ Boat Titled To: _____
Insurance Carrier: _____ Expires: _____

PLEASE REFER TO DECLARATION OF COVENANTS FOR PERMITTED STORAGE OF BOATS.

Name of Permanent Occupants Not Listed Above:

1. _____ Age: _____ SSN: _____
2. _____ Age: _____ SSN: _____

Current Employer: _____ How long? _____
City/State/Zip: _____ Phone # _____

In case of an Emergency, please contact:

Name _____ Phone # _____
Name _____ Phone # _____

Your signature authorized Management to secure credit and other information and acknowledges receipt of the Rules & Regulations. Credit information may be obtained by the Owner of the Unit and or Board of the Directors.

Applicant Signature

Date

Applicant Signature

Date

Signature of Lessee(s) acknowledges that you have read, understand, and will abide by the Declaration of Covenants, Conditions, Restrictions and Easement, and the "Rules and Regulations" and the requirements regarding Additional Persons and Single Family residence.