

**THE LAKES HOMEOWNERS ASSOCIATION**

**SELLING/RENTING YOUR HOME INSTRUCTIONS**

When your home is sold there are several things you can do to facilitate the procedure. You must pass to the buyer a complete set of the Lakes documents/along with copies of any amendments to the restrictions or by-laws, your key(s) to the clubhouse/pool and the remainder of your monthly assessment coupons.

The buyer/renter must submit to Leading Edge Management Company a fully completed application and a \$60.00 application fee per person made payable to the Leading Edge C.A.M. This must be completed fourteen (14) days before their orientation by two board members. Their approved application will be needed at their closing/orientation. At the orientation the buyer's/renter's proof of age (over 55 years of age) will be copied.

If your key is not passed along to the buyer/renter, it is considered lost, therefore, a lost key replacement charge is \$25.00. Our management provides a complete set of documents for buyers for a fee of \$50.00. It is appropriate for the seller/landlord to pay these costs at the closing.

The orientation's main goal is to insure that buyers/renter's have a working awareness of our documents and a familiarity with The Lakes adult community. Age, and the credit and criminal checks are the only issues by which an application might be disapproved.

We always want new Lakers to agree, with those of us already members, that adherence to our documents can make possible a more happy and livable community.

Leading Edge C.A.M.  
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Clearwater, Florida 33765  
[Service@LeadingEdgeCAM.com](mailto:Service@LeadingEdgeCAM.com)  
Phone: (727) 461-9770 Fax: (727) 461-9775

# THE LAKES HOMEOWNERS ASSOCIATION

## Application for Purchase/Lease

All parts of this form must be completed. If this application is not legible or is not completely and accurately filled out, the Association or their agent will not be liable or responsible for any inaccurate information in the investigation and related report to the Association caused by such omissions or illegality. By signing below, the Applicant(s) recognize(s) that the Association or their agent may investigate the information supplied by the Applicant(s) and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the Applicant(s) character, general reputation, personal characteristics, and mode of living as applicable and criminal background. Type or print in black ink only. Furnish this application, a copy of the applicant's driver's license and social security card, and screening fee of \$60.00 per person, to the manager of the subdivision. All financial matters of the owner(s) with the Association (including maintenance fees, assessments, late fees, etc.) must be current for this application to be processed. Application must be submitted at least fourteen (14) days prior to the personal interview conducted by the Board.

### APPLICATION FOR PURCHASE and/or OCCUPANCY (circle one)

LOT NO. \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Other: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Other: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

### *LIST EMPLOYER FOR PAST THREE YEARS, OR IF RETIRED LIST PAST EMPLOYERS*

Present Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone: \_\_\_\_\_ Date Began: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone: \_\_\_\_\_ Date Began: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone: \_\_\_\_\_ Date Began: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone: \_\_\_\_\_ Date Began: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

### Character References

Name: \_\_\_\_\_ Day Telephone No. \_\_\_\_\_ Night Telephone No. \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Day Telephone No. \_\_\_\_\_ Night Telephone No. \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Day Telephone No. \_\_\_\_\_ Night Telephone No. \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**PLEASE BE SURE TO COMPLETE PAGE 2 OF THIS APPLICATION**

THE LAKES HOMEOWNERS ASSOCIATION

Application for Purchase/Lease

Page 2 (Continued)

Present Address: \_\_\_\_\_ Own from: \_\_\_\_\_ to: \_\_\_\_\_  
 Number/Street/Address Rent from: \_\_\_\_\_ to: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Own from: \_\_\_\_\_ to: \_\_\_\_\_  
 Number/Street/Address Rent from: \_\_\_\_\_ to: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Own from: \_\_\_\_\_ to: \_\_\_\_\_  
 Number/Street/Address Rent from: \_\_\_\_\_ to: \_\_\_\_\_

IN MAKING THE FOREGOING APPLICATION, I/WE ARE AWARE THAT THE DECISION OF THE ASSOCIATION WILL BE FINAL AND NO REASON WILL BE GIVEN FOR ANY ACTION TAKEN BY THE BOARD. I/WE AGREE TO BE GOVERNED BY THE DETERMINATION OF THE BOARD OF DIRECTORS. I/We understand that I/We must attend an orientation conducted by at least two Board Members. By our/my execution below, I/We acknowledge receipt of a copy of the Rules and Regulations of the Association; I/We further acknowledge that these Rules and Regulations have been read by me/us; and I/We agree, upon approval of my/our application, to abide by said Rules and Regulations, as these Rules and Regulations may be amended. I/We understand that the Association shall have the right to proceed directly against any person or persons who violates any of the provisions of the Association's documents and/or Rules and Regulations. I/We agree that a copy of the executed lease agreement and/or deed (as appropriate) will be furnished to the Association.

Applicant Signature: \_\_\_\_\_ Co-Applicant Signature: \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY**

Name: \_\_\_\_\_ Day Telephone No. \_\_\_\_\_ Night Telephone No. \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Day Telephone No. \_\_\_\_\_ Night Telephone No. \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

**LIST ALL VEHICLES:**

	(YEAR)	(MAKE)	(COLOR)	(TAG NUMBER)	(STATE)
AUTO #1:	_____	_____	_____	_____	_____
AUTO #1:	_____	_____	_____	_____	_____
OTHER:	_____	_____	_____	_____	_____
OTHER:	_____	_____	_____	_____	_____

**PETS:**

Number: \_\_\_\_\_ Description: \_\_\_\_\_ Weight: \_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FOR USE BY ASSOCIATION ONLY:**

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Director: \_\_\_\_\_ Date: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Director: \_\_\_\_\_ Date: \_\_\_\_\_  
 If Applicable copy received: \_\_\_\_\_ Executed Lease Agreement: \_\_\_\_\_ Deed: \_\_\_\_\_ other: \_\_\_\_\_

DATE \_\_\_\_\_

CUSTOMER NUMBER \_\_\_\_\_ 7335 \_\_\_\_\_

### BUYER/TENANT INFORMATION FORM - For Screening

I / We \_\_\_\_\_, prospective tenant(s) / buyer(s) for the property located at \_\_\_\_\_,

Managed By: \_\_\_\_\_ Owned By: \_\_\_\_\_

Hereby allow TENANT CHECK and or the property owner / manager to inquire into my / our credit file, criminal, and rental history as well as any other personal record, to obtain information for use in processing of this application. I / we understand that on my / our credit file it will appear the TENANT CHECK has made an inquiry. I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK now or in the future.

PLEASE PRINT CLEARLY

TENANT INFORMATION:

SPOUSE / ROOMMATE:

SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_

SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_ HOW LONG?

\_\_\_\_\_ HOW LONG?

LANDLORD & PHONE: \_\_\_\_\_

LANDLORD & PHONE: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

\_\_\_\_\_ HOW LONG?

\_\_\_\_\_ HOW LONG?

EMPLOYER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

GROSS MONTHLY INCOME: \_\_\_\_\_

GROSS MONTHLY INCOME: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED?  
(CIRCLE ONE) YES NO

HAVE YOU EVER BEEN ARRESTED?  
(CIRCLE ONE) YES NO

HAVE YOU EVER BEEN EVICTED?  
(CIRCLE ONE) YES NO

HAVE YOU EVER BEEN EVICTED?  
(CIRCLE ONE) YES NO

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**TENANT CHECK HOURS OF OPERATION:**

MONDAY - FRIDAY : 9:00 a.m. - 5:30 p.m.

SATURDAY : 11:00 a.m. - 4:00p.m.

ALL ORDERS RECEIVED AFTER 5:00 p.m. (3:30 p.m. on Sat.) WILL BE PROCESSED THE NEXT BUSINESS DAY

**TENANT CHECK FAX #: (727) 942-6843**

IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE REPORT.

A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR REALTORS / PROPERTY MANAGERS / APARTMENT COMPLEXES / MOBILE HOME PARKS / CONDOMINIUM ASSOCIATIONS / EMPLOYERS