

READ FIRST: Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded. Rev. 06/2014

**** THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! ****

APPLICATION FOR OCCUPANCY

Association Name: Lighthouse Point Gardens North

Circle one: Purchase - Lease - Occupant - Unit # _____ Bldg. # _____ Address applied for: _____

Full Name _____ Date of Birth _____ Social Security # _____

Circle One: Single - Married - Separated - Divorced - How Long? _____ Other legal or maiden name _____

Have you ever been convicted of a crime? _____ Date (s) _____ County/State Convicted in _____

Charge (s) _____

Applicant's Cell Number(s) _____ Applicant's Email Address _____

Spouse _____ Date of Birth _____ Social Security # _____

Other legal or maiden name _____ Have you ever been convicted of a crime? _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

Spouse's Cell Number(s) _____ Spouse's Email Address _____

No. of people who will occupy unit - Adults (over age 18) _____ Description of Pets _____

Names and ages of others who will occupy unit _____

In case of emergency notify _____ Address _____ Phone _____

PART I - RESIDENCE HISTORY

A. Present address _____ Phone _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Are you on the Lease? _____ If not, who is the leaseholder? _____ Are you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

B. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

C. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

PART II – EMPLOYMENT REFERENCES

Include a recent copy of an earnings statement to expedite processing

- A. Employed by _____ Phone _____
Dates of Employment: From: _____ To: _____ Position _____ Fax _____
Monthly Gross Income _____ Address _____
- B. Spouse Employed by _____ Phone _____
Dates of Employment: From: _____ To: _____ Position _____ Fax _____
Monthly Gross Income _____ Address _____

PART III – BANK REFERENCES

Include a recent copy of a bank statement to expedite processing

- A. Bank Name _____ Checking Acct. # _____ Phone _____
Address _____ Fax _____
- B. Bank Name _____ Savings Acct. # _____ Phone _____
Address _____ Fax _____

PART IV – CHARACTER REFERENCES (No Family Members)

1. Name _____ Home Phone _____
Address _____ Business Phone _____
Email Address _____ Cellular Phone _____
2. Name _____ Home Phone _____
Address _____ Business Phone _____
Email Address _____ Cellular Phone _____
3. Name _____ Home Phone _____
Address _____ Business Phone _____
Email Address _____ Cellular Phone _____
4. Name _____ Home Phone _____
Address _____ Business Phone _____
Email Address _____ Cellular Phone _____

Are you using a realtor? Yes _____ No _____ If yes: Realtor's name _____
Email Address _____ Cellular Phone _____

Driver's License Number (Primary Applicant) _____ State Issued _____

Driver's License Number (Secondary Applicant) _____ State Issued _____

Make _____ Type _____ Year _____ License Plate No. _____

Make _____ Type _____ Year _____ License Plate No. _____

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing the applicant recognizes that the Association and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____

Lighthouse Point Gardens North
A 55+ Active Adult Community!

1. Monthly Income Owner #1:

Employed by: _____ Monthly Salary: _____

Retired From: _____ Monthly Retirement: _____

Social Security Income: YES: _____ NO: _____ Monthly S.S. Income: _____

Other Income: _____

Rental Property: _____ Amount by month: _____

Investment/ Securities: _____ Amount by month: _____

Date: _____

Initials of Applicant: _____

2. Monthly Income Owner #2:

Employed by: _____ Monthly Salary: _____

Retired From: _____ Monthly Retirement: _____

Social Security Income: YES: _____ NO: _____ Monthly S.S. Income: _____

Other Income: _____

Rental Property: _____ Amount by month: _____

Investment/ Securities: _____ Amount by month: _____

Date: _____

Initials of Applicant: _____

**** DO YOU HAVE ANY ANIMALS/ PETS/ EMOTIONAL SUPPORT OR SERVICE ANIMAL** YES _____ NO _____

**** WILL THERE BE A CAREGIVER MOVING IN** YES _____ NO _____

3. PLEASE ATTACH A CLEAR COPY OF PHOTO I.D. FOR EACH APPLICANT (DRIVER LICENSE, PASSPORT, STATE OF FLORIDA I.D.), LEGIBLE COPY OF PURCHASE AGREEMENT, 3 MONTHS BANK STATEMENTS & PROOF OF INCOME IF ANY & \$100.00 CHECK PROCESSING FEE PER APPLICANT IF NOT MARRIED.

ASSOCIATED CREDIT REPORTING, INC.

Established 1985

4690 NW 103rd Avenue, Sunrise, Florida 33351

www.associatedcreditreporting.com

AUTHORIZATION FORM

I/We hereby authorize Associated Credit Reporting, Inc. to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY. If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were 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 legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

(Applicant's Signature)

(Spouse's Signature)

(Applicant's Name Printed)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)

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TO PENDING OWNERS/OCCUPANTS:

As a pending owner, or owners I/we have been provided a copy of house rules and regulations. I / we have also been given the opportunity to purchase copies of LPGN Condo Docs. We were advised to read the house rules and regulations carefully and ask any questions we may have. All unit owners and occupants must comply with these rules and regulations. If at any time an owner or occupant fails to comply with stated rules and regulations, the Lighthouse Point Gardens North Board Of directors will take action to see that all rules and regulations are followed by all owners and occupants. If this failure to comply results in a legal action by the Board of Directors, the owner, or owners responsible for the legal action will assume the responsibility to pay for all legal costs and fees related to this situation. All potential owners of a unit and occupants must sign and have signatures notarized and original document must be returned to the Board prior to the board's vote on granting ownership.

Applicant Name

Applicant Name

Applicant Signature

Applicant Signature

State of Florida

County of Broward

Before me personally appeared _____, Applicant and _____ and known to me to be the persons who executed the foreign certificate, who, after being duly sworn, say that he/she is/are applicants, respectively, for residency at Lighthouse Point Gardens North Association, an association, not for profit under the laws of the State of Florida, and that the statements contained in said certificate are true; and each of them acknowledges the execution thereof.

SWORN AND SUBSCRIBED BEFORE ME AT LIGHTHOUSE POINT, FLORIDA, this _____, 20____

Notary Public, State of Florida at Large

My commission expires