



UNIT OCCUPANCY APPLICATION

UNIT NUMBER: _____

UNIT BEDROOMS: _____

UNIT OWNER: _____

MAX. UNITS OCCUPANCY LOAD

Studio Units: 2 Occupants

1 Bedroom Units: 3 Occupants

2 Bedrooms Units: 4 Occupants

Please, check the following that applies to this unit:

Long Term Tenant (6 months and over)

Short Term/ Seasonal Tenant (Less than 6 months)

Purchaser

RENTAL /LEASE AGREEMENT: Yes _____ No _____ OTHER: _____

COMPLETE ALL BLANKS, ANY OMISSION OR INNACURACY IS CAUSE FOR REJECTION

Name: _____

Phone: () _____ / _____ E-mail: _____

Driver's License #: _____ State: _____

Spouse Name: _____

Phone: () _____ / _____ E-mail: _____

Driver's License #: _____ State: _____

Present Address: _____

Previous Address: _____

Your Occupation: _____ Employer: _____

Address Employer: _____ Years: _____ Phone: () _____ / _____

Your Spouse Occupation: _____ Employer: _____

Address Employer: _____ Years: _____ Phone: () _____ / _____

LIST OF PERSONS THAT WILL BE RESIDING IN THE UNIT

Name: _____ Age (If minor 18 year or less) _____ Relation to Applicant: _____

Name: _____ Age (If minor 18 year or less) _____ Relation to Applicant _____

Name: _____ Age (If minor 18 year or less) _____ Relation to Applicant _____

Number of Vehicles _____ Boats _____ Others _____ (Maximum of 2 vehicles with permit or authorization per unit may park in any of the residential parking areas. Vehicles with no permit or authorization may not be parked).

Pets: Limited of 20 lbs. & 2 pets per unit)

- (Breed/Size) _____ / Size _____ lbs. (Breed/Size) _____ / Size _____ lbs.

Personal References (other than relatives)

1) Name _____ Phone: () _____ / _____

2) Name _____ Phone: () _____ / _____

I declare that the statement above is true and correct and I hereby authorize any Director/Management of LAKESHORE CLUB OF POLK COUNTY HOA to make a complete investigation. I also authorize personal references to give full information about me. By my signature, I declare that I will comply with the occupancy regulation of the above said unit and all the rules and regulations adopted by the Association, including the Declaration of Covenants, Conditions and Restrictions ("Green Book) of LAKESHORE CLUB OF POLK COUNTY HOA. I understand that the above statement will be in the rental/purchase application process and that this application may become part of the rental/purchase agreement.

Signature Date

Signature Date