

APPROVAL REQUEST FOR LEASE OR RENTAL

Laurelwood Condominium I Association, Inc.

SPECIAL NOTE: This request for approval of ownership transfer must be in the possession of Bay Management at least fifteen (15) days prior to approval. All supporting documents and a check for \$100 must accompany this application. Applicants must be interviewed by an association representative prior to approval.

Owner: _____ Tenant: _____
Unit Address: _____ Occupancy Date: _____
Prop. Manager: _____ Phone: _____ Fax: _____
or
Real Estate Agent: _____ Phone: _____ Cell: _____

Tenant(s) represents that the following information is true and correct and hereby consents to the association's inquiry and investigation concerning this or any other information provided or deemed necessary for approval of this request. Applicant agrees that a complete background check, including credit and criminal history, may be obtained as well as any other verification of information regarding this application. Any material misstatements as to the tenant's statements contained herein, may be grounds for denial.

1) LIST ALL TENANTS AND OCCUPANTS: (Maximum of 2 people per bedroom)

A) Name: _____ Phone: _____
Date of Birth: _____ SS#: _____ Email: _____
B) Name: _____ Phone: _____
Date of Birth: _____ SS#: _____ Email: _____
C) Name: _____
Date of Birth: _____ SS#: _____
D) Name: _____
Date of Birth: _____ SS#: _____

2) LIST ALL AUTOMOBILES: (Maximum of 2 vehicles allowed)

Make/Model/Year: _____ Color: _____ Tag #: _____
Make/Model/Year: _____ Color: _____ Tag #: _____

3) DESCRIPTION OF PET: (No dogs. One declawed cat, birds or fish are allowed)

Type, weight, color, etc.

4) CRIMINAL HISTORY: Has any applicant or occupant ever been convicted of a crime or considered a sexual offender by any legal authority: No _____ Yes _____ If yes, list Person, Charges, When, Where: _____

5) RESIDENCE HISTORY

A) Present Address: _____ Owned or Rented: _____
City: _____ State: _____ Zip _____ Dates of Residency _____

B) Previous Address: _____ Owned or Rented _____
City: _____ State: _____ Zip _____ Dates of Residency _____

6) EMPLOYMENT HISTORY

A) Employed by or Retired from: _____
Address: _____ Phone: _____

B) Spouse Employed by or Retired from: _____
Address: _____ Phone _____

7) EMERGENCY CONTACT INFORMATION (list persons to contact in case of a medical or building emergency)

A) Name: _____ Phone(s): _____
Address: _____

B) Name: _____ Phone(s): _____
Address: _____

8) PHONE CONSENT

If you would not like to have your phone number included in the resident directory, please indicate so in the space provided. This will remain in effect until such time as revoked by you in writing.

____ No, I do not want my phone number published in the resident directory.

Approval of this request is subject to all financial obligations to the Association, including but not limited to, maintenance fees, late charges, special assessments, legal fees, and application fees having been paid in full at or prior to closing.

_____ ENCLOSE A FEE OF **\$100** PAYABLE TO:
LAURELWOOD CONDO. I ASSOC. INC.

_____ ENCLOSE A COPY OF THE LEASE OR RENTAL CONTRACT

_____ ENCLOSE A COPY OF ALL DRIVER'S LICENSES

_____ ENCLOSE SIGNED RULES AND REGS (ATTACHED)

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Laurelwood Condominiums

TENANT INFORMATION FORM

I / We _____, prospective
tenant(s) for the property located at _____,
Managed By: _____ Owned By: _____,

Hereby allow TENANT CHECK LLC 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 LLC has made an inquiry. I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK LLC now or in the future.

PLEASE PRINT CLEARLY

TENANT INFORMATION:

SINGLE _____ MARRIED _____

SOCIAL SECURITY #: _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

CURRENT ADDRESS: _____

_____ HOW LONG? _____

LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____

_____ HOW LONG? _____

EMPLOYER: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

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

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

SIGNATURE: _____

PHONE NUMBER: _____

SPOUSE / ROOMMATE:

SINGLE _____ MARRIED _____

SOCIAL SECURITY #: _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

CURRENT ADDRESS: _____

_____ HOW LONG? _____

LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____

_____ HOW LONG? _____

EMPLOYER: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

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

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

SIGNATURE: _____

PHONE NUMBER: _____

Laurelwood Condominium I Association, Inc.

RULES AND REGULATIONS (condensed)

Following is a very condensed version of the restrictions set forth in the governing documents. For complete and detailed information, please refer to the Declarations, Restrictions, By-Laws, and any Rules adopted by the association.

- One cat is permitted, as well as birds or fish. Dogs are not permitted.
- Units may not be leased until the owner of record has owned the unit for more than 12 months. Leases must be for a period of no less than 12 months and no more than one lease is allowed in any 12-month period. Leases are limited to 10% of the total units at any given time. A unit owner desiring to lease must notify management to have their name added to the waiting list. No corporate rentals. Any occupancy of the unit in the owner's absence by family or guests for more than 7 consecutive days shall constitute a lease even if no compensation to the owner is received. Such occupancies shall be subject to all restrictions and enforcements. For any such occupancy that is more than 3 days but less than 7 days, the occupants must register with the management company or a fine of \$50 per day may be implemented.
- Maximum of 2 vehicles allowed per unit. Trucks over $\frac{3}{4}$ ton, recreational vehicles of all types, boats, and trailers are not allowed to park overnight. Commercial vehicles of any type or oversized trucks are not allowed to park in Laurelwood except when providing commercial services during daytime hours. Motorcycles may not be ridden, run, or operated within the peripheral boundaries of Laurelwood.
- Units shall be used as single-family residences only. Ownership of units is restricted to one unit per unit owner.
- A maximum of 2 occupants in one-bedroom units and 4 occupants in two-bedroom units is allowed. Guests are allowed up to a maximum of 6 weeks in any 12-month period and occupancy during such visits is limited to 4 occupants in one-bedroom units or 6 occupants in two-bedroom units.
- No unit owner, guest, or tenant shall commit or permit any nuisance, immoral, or illegal acts in the unit or on common elements. No unit owner, guest, tenant or invitee shall mar or deface any common element component. Unit owner is responsible for all actions of the above.
- No signs of any nature may be posted on the units and common elements. All rules posted at the swimming pool must be obeyed. In addition, the following are not allowed in the pool area: pets, glass containers or breakable items, toys or flotation devices (except children's personal safety devices), bicycles, skate boards, etc.
- **All alterations or additions made to the units or common elements, inside or outside, require an Alteration Application approval by the Board of Directors.**

By this signature, I confirm that I have read and agree to follow all rules set forth above and in the governing condominium documents and will ensure that all guests, tenants, and invitees do as well. I have retained a copy.

Signature

Date

Signature

Date

LAURELWOOD CONDOMINIUM I ASSOCIATION, INC.
ASSISTANCE/SERVICE ANIMAL REGISTRATION FORM

Animal Owner's Name: _____

Address and Unit #: _____

Contact Number: _____

Type of Assistance/Service Animal: _____

Name and Age of Animal: _____

Breed and Description: _____

- A picture of the animal is required to be submitted with this form for identification purposes.

Emergency Caretaker: Name: _____
 Phone Number: _____

I hereby certify that the animal is current on all licensing and vaccination requirements, and I have read, understand, and agree to abide by the Association's rules and regulations pertaining to emotional support/service animals. I understand that the granted reasonable accommodation is specific to me and this animal only and that a new request for reasonable accommodation must be submitted if a different animal is requested.

If a person falsifies information or written documentation or knowingly provides fraudulent information to obtain an emotional support animal, they can be charged with a misdemeanor of the second degree.

Owner Signature

Date

LAURELWOOD CONDOMINIUM | ASSOCIATION, INC.
ESA APPLICATION FORM

In order for the Association to grant your request to keep a service or emotional support animal in your unit within the community, the Association requests that your medical provider, with firsthand knowledge of your disability, complete the below form. This form will be kept confidential to the extent required pursuant to the Condominium Act, Chapter 718 of the Florida Statutes. Be informed that this completed form will be submitted to the association's attorney for review

TO BE COMPLETED BY MEDICAL PROFESSIONAL

**DISABILITY VERIFICATION FOR
SERVICE/SUPPORT ANIMAL
ACCOMMODATION**

I, _____ am a licensed
physician/health care provider and I have been treating
(Patient's Name):

_____ for a disability since _____
My license number is: _____. I am familiar with the Florida and Federal Fair Housing Acts which permits individuals with a disability to maintain emotional support and service animals in otherwise pet-restricted housing facilities. The Act defines a person with a disability to include: (1) individuals with physical or mental impairments; (2) individuals who are regarded as having such impairment; and (3) individuals with a record of such impairment. Under the Federal Fair Housing Act, the **disability must "substantially limit" one or more "major life activities."** The term "major life activity" means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for oneself, learning, and speaking. (This list of major life activities is not exhaustive.)

Under normal circumstances, the Association's governing documents would require the Association to prohibit allowing the requested animal to reside within the community. However, under the Florida and Federal Fair Housing Acts, if an individual with a disability requests a reasonable accommodation, including but not limited to, keeping an animal in violation of the Association's governing documents, the Association must consider the request. To do this, we must verify that the individual qualifies under the Florida and Federal Fair Housing Acts and requires an accommodation in order to have an equal opportunity to use and enjoy his/her dwelling.

Therefore, the Association requests that you respond to all of the following questions:

1. Is above named resident disabled, as defined by the Florida Fair Housing and Federal Fair Housing Acts? _____ Yes _____ No

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2. How long have you treated the above-named resident for his/her disability?

3. When was the last time you treated the above-named resident?

4. (a) In your professional opinion, does the above-named resident need a service or support animal in order to have equal opportunity to use and enjoy his/her dwelling in Laurelwood Condominium I Association, Inc.?

_____ Yes _____ No

(b) In your professional opinion, does the above-named resident need a service or support animal in order to have equal opportunity to use and enjoy the Common Element amenities within Laurelwood Condominium I Association, Inc.?

_____ Yes _____ No

5. If the request is granted, will the named resident be able to observe reasonable rules that require the animal to be picked up after and kept on a leash while outside the unit/dwelling?

_____ Yes _____ No

If you marked No, explain in detail why and what variance you recommend:

6. Can the above-named resident's disability be reasonably accommodated to have an equal opportunity to use and enjoy his/her dwelling and the Common Elements without the animal? _____ Yes _____ No

If Yes, please describe: _____

By signing below, I acknowledge and agree that to the best of my knowledge the above information is true and accurate based on my professional medical opinion.

Signature of Medical Professional

Date

Print Name

Title

Firm/Organization

License Number

Address

Phone

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