

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 : Lakeside Community Owners Association.**

Name of Lessee: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone# \_\_\_\_\_

Name of Lessee: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone# \_\_\_\_\_

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)**

1<sup>st</sup> Lessee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

2<sup>nd</sup> 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 \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag# \_\_\_\_\_ State \_\_\_\_\_

**\*\*\*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. \_\_\_\_\_ SSN: \_\_\_\_\_ DOB \_\_\_\_\_  
2. \_\_\_\_\_ SSN: \_\_\_\_\_ DOB \_\_\_\_\_

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.

Revised Sept 2026