

RESIDENCE APPLICATION – LAUREL OAKS CONDOMINIUM

Dear Prospective Resident,

Welcome to Laurel Oaks Condominium Association!

To begin the application process please take the time to review the Application Process Instructions provided below.

Thank you

Laurel Oaks Condominium Association

Managed by: KW Property Management & Consulting

APPLICATION INSTRUCTIONS

- ❖ The application process takes up to 7-10 business days starting from the date you submit all requested items.
- ❖ Please take special note that the Applicant Information & Release Form must be submitted for each Applicant except for husband and wife, and children under the age of 18 years.
- ❖ Once complete, please mailed or dropped off at the office along with a check for the application fee made to Laurel Oaks Condominium Association, Inc
 - **Laurel Oaks Condominium Association**
20100 Boca West Drive – Office Boca Raton, FL 33434
Phone: 561-483-8898 e-mail address: mcesar@kwpmc.com

ITEMIZED CHECK OFF LIST

- | |
|--|
| • <u>Applicant Information & Release Form</u> |
| • <u>Unit Information Form</u> |
| • <u>Indemnity & Hold Harmless Agreement</u> - (Signed & Notarized) |
| • <u>Copy of Executed Sales Contract</u> . The contract should include: "This contract is contingent upon the Buyer is approved by Boca West Country Club and the Boca West Country Club Master. Association", and/or "Seller has an Equity Membership in good standing at the Boca West Country Club. The buyer shall purchase an Equity Bond to Boca West Country Club on the date of Closing at the prevailing rate of \$100,000 and pay all prorated dues and fees. Buyer shall make Application and pay the Application fee to the Boca West Country Club". |
| • <u>Copy of each Applicant (s) License OR Passport</u> |

FEES, TERMS & CONDITIONS

✓ Security Deposit (Common Elements)	Equal to One (1) month's rent.
✓ Application Fee (7-10 Business Days)	\$150.00
✓ Estoppel	\$200.00
✓ Copy of Documents	\$75.00
✓ Questionnaire (only if closing Agent request)	\$200.00

Check or Money Orders Only Made out to "Laurel Oaks Condominium Association".
Payment for each individual fee should be made separately.

Are you on the Deed? If yes, under what name?

Are you on the Lease?	If not, who is the leaseholder?		
Name of Landlord:	Phone:	E-Mail Address:	
Previous Complete Address:	Phone:		
Apt. or Condo Name:	Phone:	From:	To:
Circle one: Own Home - Parent/Family Member - Rent Home/Apt		Rent/Mtg. Amount:	
Are you on the Deed?	If yes, under what name?		
Are you on the Lease?	If not, who is the leaseholder?		
Name of Landlord:	Phone:	E-Mail Address:	

BANK REFERENCES

Bank Name:	Phone:
Address:	
Bank Name:	Phone:
Address:	

REFERENCES

1) First & Last Name:	
Relationship:	Phone:
2) First & Last Name:	
Relationship:	Phone:
3) First & Last Name:	
Relationship:	Phone:

BACKGROUND QUESTIONNAIRE

1) Have you ever claimed bankruptcy?
2) Have you ever been arrested? <i>If Yes, please explain:</i>
3) Have you ever been convicted of a crime? <i>If Yes, please explain:</i>
4) Have you ever had a civil action placed against you? <i>If Yes, please explain:</i>

VERIFICATION & AUTHORIZATION TO RELEASE

By signing below, I hereby:

1. Testify that all information submitted is correct to the best of my knowledge.
2. Agree to comply with all Rules & Regulations of the Property Name.
3. Authorize the release of information to the Credit Agency, Board of Directors and the Management Company of the Association and its respective residents concerning my banking, credit, residence, employment or police records in reference to the application for housing.



Sign

Print

Date

2) OTHER INFORMATION

UNIT OWNERS

1) Owner 1 - First & Last Name:

E-mail:

Phone:

2) Owner 2 - First & Last Name:

E-mail:

Phone:

VEHICLES

1) Vehicle 1 - Year/Make/Model:

Driver's License #

Color:

License Tag #:

2) Vehicle 2 - Year/Make/Model:

Driver's License #

Color:

License Tag #:

EMERGENCY CONTACTS

1) First & Last Name:

Relationship:

Phone (Cell & Other):

2) First & Last Name:

Relationship:

Phone (Cell & Other):

3) INDEMNITY & HOLD HARMLESS AGREEMENT

This Release, Indemnity and Hold Harmless Agreement ("Agreement") is executed this _____ day of _____ by _____ and the owners and/or residents of Unit _____ in Building _____.

In consideration for the Association's approval of the renovation and/or improvement and/or moving in/out (hereinafter the "Improvement") to the above-referenced Unit:

The Owners/Residents agree as follows:

- 1) The Owners/Residents shall be responsible for any damages to the Association's Common Property as such term is defined in the Association's Declaration of Condominium, including but not limited to the Association's sidewalks, or to any Units resulting from the installation or construction of the Improvement, including any damages caused by any agents, employees or contractors of the Owners/Residents. The Owners/Residents agree to pay for the cost of any damages caused by the installation or construction of the Improvement within ten (10) days of notice from the Association of the cost to repair said damages.
- 2) The Owners/Residents hereby release, indemnify and hold harmless the Association and its directors, officers, agents and employees, lessees, guests and invitees and all members of the Association and their tenants, guests and invitees from and against all claims, damages, losses and expenses arising out of or resulting from the Improvement.
- 3) In the event the Owners/Residents should violate any of the provisions of this Agreement, the Association shall be entitled to pursue any and all appropriate legal remedies. In connection with any litigation, including appellate proceedings, arising out of this Agreement, the Owners/Residents shall be responsible for attorney's fees and costs incurred.

IN WITNESS WHEREOF, the undersigned have executed this Agreement the day and year set forth above.



Witness Sign _____ Print _____ Date _____

Resident Sign _____ Print _____ Date _____

Witness Sign _____ Print _____ Date _____

STATE OF: _____

COUNTY OF: _____

The foregoing instrument was acknowledged before me this ____ day of _____
20____ by _____, (who are personally known to
me) / (who have produced _____ as identification) and (did) / (did not) take an oath.

 _____
 Sign _____ Print _____ Date _____
 My Commission Expires _____