

LAZY DAYS Village

2524 N Tamiami Trail
North Fort Myers, FL 33903

Application for Residency at Lazy Days Village

Dear Applicant:

Enclosed is the *Application Packet* to apply for residency in our community.

Complete the following:

1. Application
2. Provide copy of your driver's license(s).
3. Provide copy of sales contract
4. Non-refundable \$100 per person application fee - **check or money order only**. Payable to *Lazy Days Village*. Cash or card not accepted.

Application missing any items will delay application process.

NOTE: The office will not process an Estoppel Certificate without the above requirements being completed.

NEW - Cost of Estoppel Certificate is \$250, \$369 for rush orders which are requested for delivery within three business days of settlement. There's an additional charge of **\$179** for processing if the unit is delinquent to the association.

**** Please make sure you have read and agreed to the Rules and Regulation (and By-Laws for shareholders) of Lazy Days Village governing documents.**

Please feel free to call the office if you have any questions at (239) 995-5880.

Thank you

Jan Provence, CAM CMCA®
Association Manager
Lazy Days Village
Phone: 239-995-5880, Fax: 239-995-2525

Email: lazydays@newbymanagement.com www.lazydaysvillage.com

Lazy Days Village - A 55+ Community
2524 North Tamiami Trail, North Ft Myers, FL 33903

Application for Residency

We invite you to complete the following application to start the process of entry into our professionally managed community. We endorse the **Fair Housing Act** and qualify each application equally. We value every person: regardless of their race, color, religion, national origin, age, disability, genetics/genetic information, familial status, gender identity, expression, or veteran status. We use a national agency to consistently qualify potential customers using a written guideline including credit reports, criminal background checks and public records available. **Non-Refundable Application Fee is \$100 per person-CHECK OR MONEY ORDER ONLY. NO CASH OR CARD ACCEPTED. PLEASE READ COVER SHEET FOR ALL DOCUMENTS NEEDED. ITEMS MISSING WILL DELAY**

Price paid for home: \$ _____	RE Sales Agent Name/phone : _____	Share purchase Y___ N___	House #: _____ Street: _____
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Personal Information

Applicants Last Name		Applicants First Name		Middle Name	Jr/Sr
Birth Date	Social Security	Drivers License/State		Marital Status M S D	
Current Address		City	State	Zip Code	How Long?
Cell Phone Number ()		Phone Number ()		Email address	
Previous Address		City	State	Zip Code	How Long?
Co-Applicants Last Name		Co Applicants First Name		Middle Name	Jr/Sr
Co-App Birth Date	Co-App Social Security	Co-App Drivers License/State		Co-App Marital Status M S D	
Current Address		City	State	Zip Code	How Long?
Cell Phone Number ()		Phone Number ()		Email address	

Employment Information

Employed _____ Retired _____					
Applicant's Current Employer		Street Address		City	State
Zip Code	Business Phone Number	Position	Monthly Gross	How Long?	
Co-Applicant's Current Employer		Street Address		City	State
Zip Code	Business Phone Number	Position	Monthly Gross	How Long?	

Additional Information					
Additional Monthly Gross Income \$ _____ Explain: _____		Auto: Make, Model		Year	Tag #
Number of Pets	Size of Pets	Auto #2 : Make, Model		Year	Tag #
Emergency Contact			Relationship	Phone Number	
Street Address			City	State	Zip Code

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD BEEN CONVICTED OF A FELONY OR SEX CRIME?

YES _____ NO _____ If YES, please explain: _____
This is an application for residency and completing the application does not in itself grant residency into the community. I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that if accepted, falsified statements on this application shall be considered cause for eviction. You are hereby authorized to make any investigation of my personal history, financial and credit record through any investigation/credit agencies or bureaus of your choice, based on the above information. CREDIT SCORE MUST BE A MINIMUM of 650.

Signature of Applicant _____ Signature of Co-Applicant _____

Date _____

Received Copy of Rules & Regulations and agree to abide by them _____ Initial _____ Initial _____ **MUST INITIAL**

OFFICE USE ONLY:

APPROVED BY _____ APPROVAL DATE _____

Driver's Liscence: _____ Rules & Regulations: _____ Application Fee: _____ Ck# _____ Date: _____