



PROCEDURE FOR NEW RESIDENT REGISTRATION
VENEZIA LAKES HOMEOWNERS ASSOCIATION, INC.

This is to inform you of the procedures for processing **New Resident Information**.

The prospective new resident must complete all questions on the New Resident Information Form. The executed form **must** be submitted to the On-Site Office located at 14341 SW 129th Court, Miami, Florida 33186, along with the following:

- A non-refundable processing fee, **MONEY ORDER ONLY** in the amount of \$100.00 made payable to **Venezia Lakes HOA** must be submitted along with the Information Form at least ten (10) days prior to the expected date of occupancy.
- Copy of Driver's License, Social Security (s) & Vehicle Registrations
- Copy of Sales Contract or Lease Agreement
- A welcome meeting with the Property Manager is required. We will contact the prospective resident to schedule the interview.



**APPLICATION FOR
LEASE / PURCHASE**

SECTION I: GENERAL INFORMATION

Name of Association: _____

Unit Address: _____

Today's Date: _____ Approximate Date of Occupancy: _____

Current Owner's Name (Seller): _____

Owner's Contact Phone Number: _____

Owner's Current Address: _____

Prospective New Resident Name (Buyer): _____

Prospective New Resident Contact Phone Number: _____

Prospective Resident Current Address: _____

Name of Realtor: _____

Realtor's Phone Number: _____

OTHER PERSONS (that will occupy the unit):

<u>Name</u>	<u>Age</u>	<u>Relationship / Occupation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION II: VOLUNTARY INFORMATION

Do you have any physical impairment that the Association should be aware of in case of an emergency, i.e. flood, fire, etc.? **Yes / No**

If Yes, please explain how you may need assistance.

I hereby agree for myself and on behalf of all persons who may use the unit that I seek to purchase or lease:

1. I will abide by all of the restrictions contained in the By-Laws, Rules & Regulations, and any restrictions that are or may in the future be imposed by the Association;
2. I understand that there may be restrictions as to the pets I may be allowed to have, the number of people that will reside in the unit, sub-leasing the unit, number of vehicles allowed in the community, and/or running a business from the unit.
3. I understand that my children, relatives, guests, invitees, and/or visitors must also adhere to the association's governing documents and that I will be responsible for their actions.
4. I understand that the association charges an Assessment Fee that must be paid. Failure to pay may lead to the filing of a Claim of Lien and/or Foreclosure of the unit.
5. I understand that any violation of the terms, provisions, conditions, and covenants of the Association's documents, provides cause for immediate action as therein provided or termination of a Lease Agreement under the appropriate circumstances.

I have received a copy of the Rules & Regulations: Yes _____ No _____

I understand that the information received is conditioned upon the truth and accuracy. Any misrepresentation or falsification of information on these forms will result in the automatic rejection. In making the foregoing application, I am aware that the decision of the Association will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

Applicant: _____ Applicant: _____

Date: _____ Date: _____

SECTION III: APPLICATION FOR OCCUPANCY

LEASE ☐ PURCHASE ☐

ASSOCIATION: _____ DESIRED DATE OF OCCUPANCY: _____

Applicant: _____ Date of Birth _____ Social Security _____

Telephone (mobile): _____ Telephone (evening): _____

Co-Applicant: _____ Date of Birth _____ Social Security _____

Applicant Driver's License Number

Co-Applicant Driver's License Number

Single () Married () Separated () Divorced () Maiden Name: _____

Total # of adults who will occupy the unit (18 yrs or older) _ Total # of children _____

RESIDENCE HISTORY

MUST COVER A FIVE (5) YEAR RESIDENCE HISTORY. IF NEEDED, PLEASE ATTACH ANOTHER SHEET.

PRESENT ADDRESS

TELEPHONE NO.

CITY, STATE ZIP CODE

OWN ☐ RENT ☐

NAME OF MORTGAGEE / LANDLORD / ASSOCIATION

TELEPHONE NO.

\$ _____
MONTHLY PAYMENT AMOUNT

OCCUPIED FROM

TO _____

PREVIOUS ADDRESS

TELEPHONE NO.

CITY, STATE ZIP CODE

OWN ☐ RENT ☐

NAME OF MORTGAGEE / LANDLORD / ASSOCIATION

TELEPHONE NO.

\$ _____
MONTHLY PAYMENT AMOUNT

OCCUPIED FROM

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CITY, STATE ZIP CODE

OWN ☐ RENT ☐

NAME OF MORTGAGEE / LANDLORD / ASSOCIATION

TELEPHONE NO.

\$ _____
MONTHLY PAYMENT AMOUNT

OCCUPIED FROM

TO _____

VEHICLES

MAKE	MODEL	COLOR	TAG NO.
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MAKE	MODEL	COLOR	TAG NO.
------	-------	-------	---------

MAKE	MODEL	COLOR	TAG NO.
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APPLICANT SIGNATURE

CO-APPLICANT SIGNATURE

DATE

DATE