

ACKNOWLEDGEMENT 1 of 2

- I have received, read, understand, and agree to comply with the Rules & Regulations for this community. Under Florida Law, I understand it is the landlord's responsibility to provide me with these items.
- I understand that the Rules & Regulations can be amended or changed for the association by the Board of Directors from time to time.
- I understand the application process can take up to 30 days and agree I will not occupy the premises prior to my orientation and certificate of approval being issued.
- I understand that my moving date should not be scheduled prior to notification of the orientation date.
- **I understand the vehicle and parking restrictions for this community are as follows:**
 - Commercial trucks/vans, box trucks and motorcycles are not allowed to be parked on this property.
 - There is only one (2) assigned parking space per unit.
 - This community may have parking restrictions that include, but are not limited to parking decals, guest parking passes and gate access devices. It is my responsibility to verify these restrictions before I or my guests enter the property with a vehicle.
 - No parking decal or permit will be issued until the lease has been completely approved by the Association(s).
- **I understand that the pet restrictions for this community are as follows:**
 - Must be under 35lbs & registered with the management.
- **I understand the occupancy restrictions for this community are as follows:**
 - This is a 55 and older community. At least one occupant age 55 or older must occupy/ reside in the unit at all times.
 - No one under age 18 may reside in the unit.
 - The maximum occupancy is two (2) per bedroom.
- **I understand the leasing restrictions are as follows:**
 - Board approval is required for all new leases and renewals.
 - Only one (1) lease is allowed per year.
 - The minimum lease term is twelve (12) months.
 - Renewals must be submitted at least thirty (30) days prior to expiration of current lease.
- I understand that the hours for moving of furniture either in or out are 8:00AM through 5:00PM Monday through Saturday. No moving will be permitted on Sundays or Holidays.
- I Understand that if the owner of the unit falls behind, or otherwise becomes delinquent on any payment obligation to the Association, upon notification by the Association I will tender my rental payments to the association and will receive a receipt to provide my land lord so that the amount can be credited against my rental payment obligation to the landlord.
- I understand that should I fail to tender my rent to the Association upon demand I can be evicted by the Association.

INITIALS _____

****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****

ACKNOWLEDGEMENT 2 of 2

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, please explain the circumstances regarding the situation on a separate piece of paper attached and attach to the application.

	APPLICANT	CO-APPLICANT
1. Have you ever had an eviction filed against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you ever left owing money to any owner or landlord?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you ever applied for residency anywhere in the past 2 years, but did not move in?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you ever had adjudication withheld or been convicted of a crime?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, determination of occupancy approval, and / or forfeiture of fees or deposits.

I / we certify under penalty of perjury that I/we agree to and understand all items on these pages and in this application for occupancy.

Applicant Name Printed

Co-applicant Name Printed

Applicant Signature

Co-applicant Signature

****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****

AGE VERIFICATION FORM

CHECK ONE: RESALE____OR (LEASE____FROM____/____/____TO____/____/____)

The following information must be furnished for each Belfort Condominium "C" Association, Inc. Home so that we can monitor the percentage of residences occupied by at least one person 55 years of age or older, in order to preserve the status of Lombardy Neighborhood Association, Inc. in Tamarac, as a community of housing for older persons, in accordance with the Lombardy Neighborhood Association, Inc. in Tamarac Documents and the Federal and Florida Fair Housing Acts.

Neighborhood: _____ Building/Unit: _____

Address: _____

Owner(s) as they appear on the new recorded deed: (Please print clearly)

Name: _____ Date of Birth: _____ Age: _____

Occupants(s) (If different from above): (Please print clearly)

Name: _____ Date of Birth: _____ Age: _____

Name: _____ Date of Birth: _____ Age: _____

Name: _____ Date of Birth: _____ Age: _____

Name: _____ Date of Birth: _____ Age: _____

Name: _____ Date of Birth: _____ Age: _____

Each of the undersigned certifies that the above information is true and correct. Within fifteen (15) days after any changes, the undersigned will notify the Lombardy Association, Inc. office of such changes in writing.

***COPY OF VERIFICATION NEEDED:**

Please attach a copy of one of the following documents for at least one Occupant that is 55 years of age or older (circle document attached): *Driver's License *Birth Certificate *Passport *Immigration Card *Military ID
*any official government document containing a birth date

Signature of Any Member of the Household 18 years of age or older Date _____

If you are unable to provide a copy of age verification, please have the following Affidavit Completed:

AFFIDAVIT OF AGE VERIFICATION

Under penalty of perjury, I have examined _____

Of _____ Please print clearly the type of "Age Verification Document"
to verify that Occupant is 55 years of age or older.

Please Print Name of Occupant Clearly

Signature of Person Verifying Age Date: _____

Printed Name of Person Verifying Age _____

****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****

AGE ACKNOWLEDGEMENT FORM

The Lombardy Neighborhood Association, Inc. Community is designated and intended to provide housing for those residents 55 and over. No permanent occupancy of any a person under the age of 18 is permitted and no person under the age of 18 allowed for 30 consecutive days or more.

I understand and accept these guidelines:

Name: _____

Address: _____

Telephone number: _____

Signature required

Name: _____

Address: _____

Telephone number: _____

****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****