



1300 NW 17<sup>th</sup> Ave. Suite 270  
Delray Beach, FL 33445  
(561)637-3402 Office (561)637-3407 Fax

**Instructions for RESALE Application – 19 DEF LAGO DEL REY CONDOMINIUM, INC.**

- 1) APPLICATION MUST BE SUBMITTED AT LEAST THIRTY (30) DAYS PRIOR TO CLOSING DATE.
- 2) **TWO (2) COMPLETE, SEPARATED SETS OF EVERYTHING LISTED BELOW MUST BE SUBMITTED.** (APPLICATION AND THE SALES CONTRACT CONSTITUTES ONE SET.) **ONE SET OF THESE MUST BE THE ORIGINAL PAPERWORK.**
- 3) EACH PAGE MUST BE PROPERLY COMPLETED.
- 4) EACH APPLICATION MUST INCLUDE A PHOTO ID (ON 8 ½ X 11 PAPER) SHOWING DATE OF BIRTH OF **EACH** OCCUPANT.
- 5) A \$100.00 NON-REFUNDABLE APPLICATION FEE IS REQUIRED ON ALL RESALE APPLICATIONS. THE \$100.00 APPLICATION FEE MUST BE **MADE PAYABLE TO THE 19 DEF LAGO DEL REY CONDOMINIUM, INC.**
- 6) PERSONAL INTERVIEW WITH BOARD IS REQUIRED PRIOR TO APPROVAL.
- 7) PLEASE INDICIATE ON BOTTOM OF PAGE 2 AS TO WHOM THE ORIGINAL CERTIFICATE IS TO BE GIVEN.
- 8) 19 DEF IS A NO PET COMMUNITY.

**ALL MATERIALS MUST BE PROPERLY COMPLETED AND SUBMITTED TOGETHER OR THIS APPLICATION PACKET MAY NOT BE PROCESSED. OUR OFFICE WILL DO ITS BEST TO EXPEDITE ALL PAPERWORK IN A TIMELY FASHION. WE WOULD LIKE TO CONVEY TO YOU THAT MOST DELAYS ARE CAUSED BY INCOMPLETE PAPERWORK. PLEASE LOOK OVER THESE INSTRUCTIONS CAREFULLY. PLEASE CALL OUR OFFICE AT (561) 637-3402 WITH ANY QUESTIONS BEFORE SENDING COMPLETED PACKETS IN.**

**APPLICATION FOR OCCUPANCY – RESALE APPLICATION  
19 DEF LAGO DEL REY CONDOMINIUM, INC.**

**PLEASE TYPE OR PRINT – COMPLETE ALL QUESTIONS AND FILL IN BLANKS**  
**HUSBAND AND WIFE OR PARENT(S) AND CHILD(REN), IF OVER THE AGE OF 18, ON ONE APPLICATION ONLY**  
**UMARRIED COUPLES OR ROOMMATES ON SEPARATE APPLICATIONS**

Date of Application: \_\_\_\_\_

Current Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work)

This application is being made to purchase:

Address: \_\_\_\_\_

**APPLICANT INFORMATION:**

Full name(s) of applicant(s):

\_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Number of Occupants: \_\_\_\_\_ Adults: \_\_\_\_\_ Children under the age of 18: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

How long at present address: \_\_\_\_\_

Best phone number to reach you: \_\_\_\_\_

Landlord's name (if applicable): \_\_\_\_\_

Landlord's phone number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Social Security Number:

1<sup>st</sup> applicant: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2<sup>nd</sup> applicant: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number:

1<sup>st</sup> applicant: \_\_\_\_\_ State of: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

2<sup>nd</sup> applicant: \_\_\_\_\_ State of: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

ORIGINAL CERTIFICATE OF APPROVAL TO BE GIVEN TO: \_\_\_\_\_

\_\_\_\_\_

**19 DEF LAGO DEL REY CONDOMINIUM, INC. – RESALE APPLICATION (CONT.)**

**EMPLOYMENT HISTORY:** Financials are required for corporate applicants

**FIRST APPLICANT:**

Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
How Long Employed: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**SECOND APPLICANT:**

Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
How Long Employed: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**PERSONAL REFERENCES: (2)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**BANK REFERENCE:**

Name: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Checking Account: \_\_\_\_\_ Savings Account: \_\_\_\_\_

Have you or any occupant filed for bankruptcy in the last five (5) years? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you or any occupant ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered yes to either question please explain: \_\_\_\_\_  
\_\_\_\_\_

**PERSON TO BE NOTIFIED IN THE EVENT OF AN EMERGENCY:**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**19 DEF LAGO DEL REY CONDOMINIUM, INC. – RESALE APPLICATION (CONT.)**

I represent that the information provided in the Application is true and correct to the best of my knowledge. The Board of Directors or Property Management Company is authorized to verify the references and employment information provided in the Application and to request a credit check.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

IT IS AGAINST THE LAW TO DISCRIMINATE AGAINST PROSPECTIVE OWNERS/TENANTS ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY OR FAMILY STATUS. LOCAL OR STATE LAW MAY INCLUDE ADDITIONAL CLASSES WHICH ARE PROTECTED FROM DISCRIMINATION IN HOUSING.

The information provided by the prospective applicant(s) may be used by Lago Del Rey Condominium Inc. 11 to determine whether to accept this application. Upon written request Lago Del Rey Condominium, Inc. 11 will disclose to the Applicant in writing the nature and scope of any investigation as requested, and will, if the Application is refused, state in writing the reason for said refusal.

**THE CURRENT OWNER IS REQUIRED AND HAS PROVIDED THE APPLICANT(S) WITH A COPY OF THE GOVERNING DOCUMENTS AND RULES AND REGULATIONS OF THE LAGO DEL REY CONDOMINIUM INC. 11.**

Application Accepted: \_\_\_\_\_

Application Refused: \_\_\_\_\_

BY: \_\_\_\_\_

**UNAPPROVED OCCUPANTS – RESALE APPLICATION (CONT.)**

19 DEF Lago Del Rey Condominium, Inc. requires ALL occupants over the age of eighteen (18) to be screened and approved by the Board of Directors prior to residing on the property. If your child turns eighteen (18) during the course of the lease, they must be screened and approved in order to remain on the property.

A guest is defined as anyone staying overnight up to five (5) days in one month. Anyone staying longer than that period will be deemed an occupant and will be required to be screened and approved and have permission of the unit owner.

Should you be found to have unapproved occupants residing in your unit, you will be given seven (7) days to either submit the required documentation and pay the required application and background check fee or verify the unapproved occupant(s) have vacated the premises.

Failure to adhere to this policy could result in your eviction by the Association.

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Applicant's Signature

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Date

**19 DEF LAGO DEL REY CONDOMINIUM, INC.  
VEHICLE REGISTRATION FORM – ONLY 2 VEHICLES ALLOWED PER UNIT**

To insure all residents have appropriate parking space, we ask that you fill out the form below and return it with the Application. If any of your vehicle information changes, please inform the Association immediately in writing to the address below. Thank you for your cooperation.

Resident Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Resident Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Names of all other residents living in the unit: \_\_\_\_\_  
\_\_\_\_\_

Unit Number: \_\_\_\_\_  
Assigned Parking Space Number (if applicable): \_\_\_\_\_

Check your appropriate status:     \_\_\_\_\_ I am the owner     \_\_\_\_\_ I am the Renter/Tenant

Number of vehicles that will be parked on the premises: \_\_\_\_\_

Provide information below for each and every vehicle that will be parked on the premises.

Make and Model of Vehicle #1: \_\_\_\_\_  
Year: \_\_\_\_\_  
Color: \_\_\_\_\_

\*Please submit a copy of this vehicle's registration along with this form \*

Make and Model of Vehicle #2: \_\_\_\_\_  
Year: \_\_\_\_\_  
Color: \_\_\_\_\_

\*Please submit a copy of this vehicle's registration along with this form \*

Please include a separate sheet if more than two (2) vehicles will be on the premises.

All vehicles are required to be in good working condition, with a current license tag, and properly insured. Park only in your assigned space. Advise all guests to park in the designated guest spots only.

Submit this form to:

19 DEF Lago Del Rey Condominium, Inc.  
c/o Wilson Landscaping & Management Corp.  
1300 NW 17<sup>th</sup> Ave. Suite 270  
Delray Beach, FL 33445  
(561)637-3402 Office Number  
(561)637-3407 Fax Number

**19 DEF Lago Del Rey Condominium Association, Inc. - Rules and Regulations – as of 2-7-18**

**1. Pets**

- No pet are permitted.

**2. Garbage Enclosures**

- Garbage must be in bags that are closed securely and placed in proper receptacle
- Bulk pick-up must be called in to property management company

**3. Parking Areas**

- Vehicles must pull up to concrete park stop
- No extended parking permitted along Lago Road
- No vehicles are permitted on grass areas for any reason
- Commercial vehicle parking is permitted during service calls only
- No signage of any type may be on resident vehicles

**4. Leasing/Purchasing/Visitors**

- All leases are to be submitted to the Board for approval prior to occupancy
- All adults residing in leased units are subject to Board approval prior to occupancy
- All renters and guests are subject to governing documents and rules

**5. Common Areas**

- No exterior modifications of any kind may be made without Board approval
- Nothing may be affixed to any exterior surface
- No irrigation modifications of any kind are permitted
- Front entry areas are to be kept clean and clear (no brooms, tools, etc.)
- One item (wreath or decoration) may be hung on front door or screen door
- Hoses shall be in good repair and wrapped neatly in planting bed, hung on decorative, free standing hose bib or stored in hose receptacle (tan or brown) in planting bed
- No alterations of common elements or limited common elements, whether outside or within a unit, without prior written Board approval and applicable permits

**6. Patios**

- Patios must be kept clean and in good repair at all times
- Outdoor furniture is permitted on patio if in good repair and clean
- Outdoor grills are permitted on patio if in good repair
- Grill covers must be in good repair
- Pots with decorative plants in good condition are permitted
- Bicycles in good repair may be placed on patio

**7. Pool Facilities**

- No pets are permitted at clubhouse or pool facilities
- No overnight/extended parking is permitted without LDRCMC written approval
- Pool gate keys are the responsibility of the owner

- No owner/resident may direct or disrupt workers or interfere with any work being performed on property.
- Any repairs or costs incurred by the association due to owner/tenant violations will be charged back to the owner.
- All warnings and violations will be in writing and must be remedied by owner. Owners, you are responsible for making sure your tenant(s) comply with all rules.
- Non-compliance will result in violations being referred to the association attorney for further action with associated costs being the responsibility of the owner.

**Wilson Landscaping and Management Corp. ~ 561-637-3402**

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**Signature & Date**

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**Signature & Date**

**DISCLOSURE AND AUTHORIZATION  
FOR CONSUMER REPORTS**

In connection with my application for occupancy for a dwelling and or Residential with 19 DEF LAGO DEL REY CONDOMINIUM, INC., I understand consumer reports will be requested by you (“Company”). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers’ compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

**This authorization is conditioned upon the following representations of my rights:**

I understand that I have the right to make a request to the consumer reporting agency: **United Screening Services, Corp.**(name) (“Agency”), **P.O. Box 55-9046, Miami, FL. 33255-9046** (address), telephone number **(305) 774-1711 or (800) 731-2139**, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company’s behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency’s privacy policy at their website: **www.unitedscreening.com**.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency’s file for my review. I may obtain such information as follows: 1) In person at the Agency’s offices, which address is listed above. I can have someone accompany me to the Agency’s offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency’s information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

**Are you a service member as defined by s. 250.01, Florida Statutes?** Yes  No

*The term “service member” is defined by s.250.01, Florida Statute to include any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces.*



I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights  
\_\_\_\_\_ (initials).

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For identification purposes:

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_; State of Issue: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_