

LAKE CLARKE GARDENS CONDOMINIUM ASSOCIATION, INC.
2981 FLORIDA MANGO ROAD
LAKE WORTH, FL 33461
NON-UNIT OWNER RESIDENT APPLICATION

To Be Presented to Screening Committee

**THE BOARD OF DIRECTORS MUST APPROVE THIS
APPLICATION**

**FALSE OR INCOMPLETE INFORMATION WILL DISQUALIFY
AN APPLICANT/OTHER THAN UNIT OWNER.**

Instructions for Information Application for Resident/Applicant

1. Complete attached form in detail with a current copy of your photo identification (for example, driver's license, or passport, if have one). In addition, the proposed adult occupant must sign the Affidavit of Residency.
2. Return completed form to the management Office of Lake Clarke Gardens with a non-refundable \$50.00 application fee.
3. Notarized affidavit of whom lives in the unit is required.
4. The Association will process the application, including a criminal and credit background investigation.
5. Upon completion of review by the Screening Committee and approval by the Board of Directors, applicant can request a temporary permit for his/her vehicle. Temporary parking permit will be issued for maximum of 6 months. No more than two vehicles can be registered for each unit.
6. This form is valid for six months only and must be renewed by _____(date) to continue as a valid resident. Application fee does not apply on renewal application.

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INFORMATION APPLICATION FOR RESIDENT/APPLICANT OTHER THAN UNIT OWNER

Building No. _____ Unit No. _____ Date: _____
Date of Occupancy: _____
APPLICANT NAME: _____ AGE: _____ SOC. SEC. # _____
Date of Birth: _____ Driver's License #: _____ State: _____
Passport No. _____ Passport Country _____
MARTIAL STATUS: Single _____ Married _____ Divorced _____ Widow/Widower _____
HUSBAND/WIFE'S NAME: _____ AGE: _____ SOC. SEC. # _____
Date of Birth: _____ Driver's License #: _____ State _____
Passport No. _____ Passport Country _____
Present Permanent Address: _____ Own or Rent? _____

(Circle)
Home Telephone Number: _____

List all other persons, if any, who will be living in this Unit.

Name	Age	Relationship

ADDITIONAL INFORMATION REQUIRED

Have you ever been convicted of a felony? Yes _____ No _____
If yes, please explain (year, location, type, etc.) _____

Provide Picture Identification for Each Resident/Occupant

"I hereby authorize Lake Clarke Gardens Condominium Association to obtain any information it deems necessary for the purpose of evaluation of my application. I understand that such information may include, but is not limited to, civil and criminal information, records of arrest, vehicle records, licensing records, and/or any other necessary information. I hereby expressly release Lake Clarke Gardens Condominium, Inc., and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement or furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies including, without limitation, various law enforcement agencies."

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AFFIDAVIT OF RESIDENCY

Building # ___ Unit # ____.

In signing this document I acknowledge that I have received copies of Lake Clarke Gardens' Rules and Regulations and have read same and understand the contents. I understand I shall occupy and use the apartment unit as a single-family private dwelling, and for no other purpose, including business purposes.

By signing this affidavit of Residency, I acknowledge all documents provided to me have been read and understood, with the assistance of a translator if necessary. I understand that falsifying any provision in the documents will make the application null and void.

I agree and will consent with my signature

➤ _____ Date / /
Signature

To my knowledge all documents submitted are truthful

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DATE _____

EMERGENCY FORM

NAME OF OWNER _____

BUILDING# _____ UNIT# _____

PHONE# _____

CELL PHONE # _____

FAX # _____

E-MAIL _____

SKYPE ACCOUNT _____

ALTERNATE ADDRESS# _____

ALTERNATE PHONE# _____

Neighbor who may have key to your apartment

NAME _____ PHONE# _____

Name of closest relative not living with you

NAME _____ PHONE# _____

PHYSICIANS NAME _____ PHONE# _____

MEDICATIONS YOU TAKE _____

HOSPITAL YOU REQUEST _____

Who to contact in case of Emergency

NAME _____ PHONE# _____

NAME _____ PHONE# _____

We must have a current set of keys to your apartment in the office

BACKGROUND CHECK INFORMATION

Please complete this section:

Company: LAKE CLARKE GARDENS CONDO INC

Applicant Name: _____
on Driver's License/ID Last First Middle Suffix

Alias/AKA*: _____
Last First Middle Suffix

Social Security Number*: _____ Date of Birth* (MM/DD/YYYY): _____

Driver's License (DL) State: _____ DL No.: _____ DL Exp. Date: _____

Current Physical Address: _____ Apt: _____
NOT P.O. Box City State Zip Code

Phone Number: _____ Email Address: _____

**This information will be used for background check purposes only and will not be used as hiring criteria.*

Please complete this section if check box is checked: May we contact the current employer? Yes No

EMPLOYMENT HISTORY

1. Former Employer Name: _____
Address: _____
City State Zip Code

Position/Title: _____ Dates of Employment: _____ Department Worked In: _____

Supervisor Name: _____ Supervisor Telephone: _____ Supervisor Email: _____

2. Former Employer Name: _____
Address: _____
City State Zip Code

Position/Title: _____ Dates of Employment: _____ Department Worked In: _____

Supervisor Name: _____ Supervisor Telephone: _____ Supervisor Email: _____

3. Former Employer Name: _____
Address: _____
City State Zip Code

Position/Title: _____ Dates of Employment: _____ Department Worked In: _____

Supervisor Name: _____ Supervisor Telephone: _____ Supervisor Email: _____

REFERENCES

1. Name: _____ Relationship: _____ Telephone: _____ Email: _____

2. Name: _____ Relationship: _____ Telephone: _____ Email: _____

3. Name: _____ Relationship: _____ Telephone: _____ Email: _____

EDUCATION HISTORY (highest level or most relevant to position applied for)

School Name: _____ Did you graduate? Yes No GED
City State Zip Code

Degree: _____ Major: _____ Name Used During Attendance: _____

Attendance Dates: _____ Graduation/GED Date: _____

EMPLOYMENT BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION

DISCLOSURE

Lake Clarke Gardens Inc

____ (“Company”) may obtain information about you from ClearStar Logistics, Inc., PO Box 1003, Cumming, GA 30028, 877-796-2559, or another third-party consumer reporting agency, for employment purposes, including without limitation, for the purpose of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during your employment, if applicable, and without giving you any further notice. Thus, you may be the subject of a background check, also known as a “consumer report” and/or an “investigative consumer report,” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain, without limitation, all or some of the following types of information about you: credit history, social security number verification, address and alias history, personal references, professional references, employment history, educational history, licenses, certifications, motor vehicle records, driving records, criminal history, and civil court record history. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the applied-for position. You have the right to know whether a consumer report has been obtained about you; and you have the right to request a copy of any report obtained by Company, a copy of “A Summary of Your Rights Under the FCRA,” and a complete and accurate written disclosure of the nature and scope of any investigative consumer report obtained by Company. An investigative consumer report is information on an individual’s character, general reputation, personal characteristics, or mode of living is obtained through a personal interview with an information source. The nature and scope of the most common form of investigative consumer report obtained for employment purposes is an interview with a reference, employer, coworker, supervisor, or customer.

<p>New York and Maine residents only: You have the right to inspect and receive a copy of any investigative consumer report requested by Company by contacting the consumer reporting agency identified above directly. You may contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.</p>
<p>New York residents only: Upon request, you will be informed whether or not a consumer report was requested by Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p>Oregon residents only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records will be provided upon request.</p>
<p>Washington State residents only: You have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.</p>

AUTHORIZATION

I acknowledge receipt of the Background Check Disclosure and A Summary of Your Rights Under the FCRA, and certify that I have read and understand both documents. I hereby authorize Company to obtain background check information, including consumer reports and investigative consumer reports, about me from ClearStar Logistics, Inc., or another third-party consumer reporting agency, for employment purposes, including without limitation, for the purpose of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during my employment, if applicable, and without giving me any further notice. To this end, I hereby authorize, without reservation, any credit bureau, creditor, employer, coworker, supervisor, customer, institution, school, college, university, license or certificate granting entity, state department of motor vehicles, state department of revenue, court, governmental agency, law enforcement agency, information service bureau, insurance company, other record-keeping agency, person, administrator, organization, company, corporation, entity, and any other information source, to furnish any and all background information requested by ClearStar Logistics, PO Box 1003, Cumming, GA 30028, 877-796-2559, www.clearstar.net, another third-party acting on behalf of Company, and/or Company itself, and regardless of whether the requested information was received from another source. I agree that a copy of this Authorization shall be as valid as the original.

<p>New York residents only: By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p>Minnesota and Oklahoma residents only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>
<p>California residents only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/></p>

Authorization Signature	Date	First Name	Middle Name	Last Name