

APPLICATION FOR RESIDENCY GARDEN LAKES VILLAS III (3) ASSOCIATION, INC.

Application package must include a \$150.00 application fee payable to Garden Lakes Villas 3, a copy of the Sales Contract or Lease agreement, a copy of Declaration Page of Homeowner HO3 Insurance Policy, a completed HOPA Form for Garden Lakes Villas III, and one form of valid age ID and the disclaimer and background screening request forms.

Mail all to the Management Company (along with 2 checks) :

**Prokop P.A.
2011 Bispham Road
Sarasota FL 34231**

A 55 + Community

Date _____

A personal interview with the Component Association Interview Committee is required for residency. All documentation and interview approval must be completed at least 15 days prior to closing and/or occupancy.

The undersigned has negotiated an agreement to: **Buy** _____ **Lease** _____ **(check only one)**

Unit _____ located at Address _____ in the Garden Lakes Villas III Association, Inc.

from (Current Owner/s) Name _____

1. Name of Applicant/s (Print) _____

2. Present Home Address _____

Phone/s _____

Email/s _____

3. Person/s to occupy residence in addition to above, or if different from above:

_____ Phone _____

4. **If lease**, period of lease: _____ Lessor Name _____

Lessor Address _____ Phone _____

Owner is obliged to maintain unit and ALL must comply with Garden Lakes Villas 3 documents, rules & regulations, as well as provisions on lease. **No lease/rental permitted for less than four months, and rentals only permitted once per calendar year.**

5. Personal References: 1 _____ Phone _____

2 _____ Phone _____

6. Number of vehicles _____ Do you own or contemplate owning a van, trailer, boat, recreational vehicle?
Yes/No _____ If yes, provide description: _____

7. Do you own or contemplate owning a pet? Y/N_____ If yes, describe _____

8. Under the Declaration, Bylaws and Articles, the following must be provided:

Name of Realtor _____ phone _____

Attorney handling closing _____ phone _____

Title Company/Contact _____ phone _____

I/We certify that the information on this application is correct and authorize the Board to conduct an investigation. It is understood that submission of this application is only preliminary, and the Board is under no obligation to approve.

BY SIGNING this application, the applicant affirms that he/she has RECEIVED and READ a copy of the Garden Lakes Community Association and Garden Lakes Villas III Association documents and amendments, Rules, Policies, and Regulations provided to them by the owner, realtor or Board of Directors, and that each occupant will abide by them fully and dutifully. The unit may not be sublet and this application is not assignable. Occupancy is not allowed prior to approval.

ANTICIPATED CLOSING OR OCCUPANCY DATE _____

Applicant Signature Applicant Signature Date _____

Villas III Use Only

Interview Date Held On: _____

Unit Address: _____

Action: Approved _____ Disapproved _____

Signed: _____
 Member of Interview Committee

 Member of Board of Directors

Date _____

Date _____

HOPA FORM
The Housing for Older Persons Act of 1995
Garden Lakes Villas III
(Please return this completed form along with your application)

The Housing for Older Person Act of 1995 (HOPA) requires that a housing facility/community survey lists its residents **every two(2) years** to ensure that the 80% requirements is met to maintain its status as a 55 or older housing community. To be in Compliance with the HOPA survey requirements, each resident must submit age verification in one of the following methods:

- * Birth Certificate
- * Driver’s License
- *Passport
- * Immigration Card

- *Military Identification
- * Any other state, local, nation/international documentation that contains current information about the age/birth of the owner

Verification of Occupancy

As part of Garden Lakes Villas III compliance with the Fair Housing Act, please complete:

Household with Age 55 Occupant:

The undersigned Buyer or Lessee has read the garden Lakes Villas III Age Restriction Policy and asserts that at least one occupant of the dwelling unit being purchase or leased shall be at least fifty-five (55) years of age or older.

I, (Print Name) _____

hereby certify at least one member of this household will occupy this unit.

(address)_____ and is 55 years or older.

That person is (signature)_____ and their age is _____ and their

date of birth is _____.

(attached is a photocopy of proof of age document from list above)

Other persons residing at the address stated above include the following:

<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Relationship to Owner</u>
_____	_____	_____	_____
_____	_____	_____	_____