

WOODBIDGE LAKES HOMEOWNERS ASSOCIATION, INC.

INSTRUCTIONS FOR APPLICATION FOR ADDITIONAL OCCUPANTS

Following is the application for Association approval of an additional occupant (or occupants) of a unit.

As required by the Woodbridge Lakes HOA, this application must be completed in full. The complete application must be emailed to a Board Member AND a hard copy of the complete application given to the same Board Member. Please note: **A completed application includes pages 2-4 of this packet.**

Only the page, AUTHORIZATION FOR BACKGROUND CHECK accompanied by a \$200 per person fee for each individual 18 years or older (if husband & wife, one \$200 fee covers both parties) payable to Woodbridge Lakes HOA in the form of a check or money order goes to Gallup Accounting, 100 E Linton Blvd, Suite 406B, Delray Beach, FL. 33483. With the Authorization page, applicant must include a copy of a driver's license, state identification or federal identification and their social security number to enable a background check.

The Association will not accept an incomplete application. Providing false or incomplete information on the application will result in the denial of the application. The Board requires 20 days from the receipt of a complete application for review. A personal interview with Board Member(s) is required after review of the application if approval is granted.

The Association reserves the right to approve or disapprove additional persons who wish to move into a unit who were not listed on original application. **NO EXCEPTIONS**

The Association requires that all additional occupants include an e-mail address in addition to a phone number on the applications.

WOODBIDGE LAKES HOMEOWNERS ASSOCIATION, INC.

APPLICATION FOR ADDITIONAL OCCUPANTS

TO BE COMPLETED BY OWNER(S)

THIS PAGE MUST BE NOTORIZED TO BE COMPLETE

NAME(S) OF PRESENT OWNER(S) _____

OWNER(S) TELEPHONE NUMBERS: DAY _____ NIGHT _____

EMAILADDRESS: _____

UNIT NUMBER _____

COMPLETE NAMES OF PROPOSED ADDITIONAL OCCUPANT(S)

DATE OF PROPOSED OCCUPANCY: _____

Dated this _____ day of, _____ 20 _____

Owner's signature _____

Owner's signature _____

State of Florida

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____

by _____ who is personally known to me or who presented proper identifications of identity.

NOTARY SIGNATURE: _____

DATE: _____ MY COMMISSION EXPIRES: _____

SEAL:

WOODBIDGE LAKES HOMEOWNERS ASSOCIATION, INC.

APPLICATION FOR ADDITIONAL OCCUPANTS

TO BE COMPLETED BY THE PROPOSED OCCUPANT(S)

COMPLETE NAME(S) OF PROPOSED OCCUPANT(S) _____

PRESENT ADDRESS: _____

TELEPHONE NUMBERS: DAY _____ NIGHT _____

EMAIL ADDRESS _____

LENGTH OF STAY AT PRESENT ADDRESS _____

PRIOR RESIDENCE ADDRESSES AND LENGTH OF TIME AT EACH RESIDENCE FOR THE LAST FIVE YEARS

ADDRESS _____

LENGTH OF STAY _____ REASON FOR MOVING _____

ADDRESS _____

LENGTH OF STAY _____ REASON FOR MOVING _____

ADDRESS _____

LENGTH OF STAY _____ REASON FOR MOVING _____

ADDITIONAL OCCUPANT('S) EMPLOYMENT HISTORY FOR THE LAST FIVE YEARS

Name of Business	Job Title	Dates	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST TYPES AND DATES OF ANY CRIMINAL CONVICTIONS

WOODBIDGE LAKES HOMEOWNERS ASSOCIATION, INC.

APPLICATION FOR ADDITIONAL OCCUPANTS

**PLEASE LIST ALL AUTOMOBILES TO BE PARKED
AT WOODBRIDGE LAKES**

TO BE COMPLETED BY THE PROPOSED OCCUPANT(S)

Year Make Model Color License Plate No.

Please note that Article 12.8 of the Homeowners Declaration of Covenants, Restrictions and party Facilities states: The overnight parking of vehicles of any kind upon the common areas is prohibited. The roadway is considered a common area. Any vehicle parked on the road between 2:00 a.m. and 6:00 a.m. is subject to towing.

Parking on the grass at any time could result in car being towed or booted.

PLEASE LIST THREE PERSONAL REFERENCES:

NAME _____

ADDRESS _____

PHONE NUMBER _____

RELATIONSHIP AND YEARS KNOWN _____

NAME _____

ADDRESS _____

PHONE NUMBER _____

RELATIONSHIP AND YEARS KNOWN _____

NAME _____

ADDRESS _____

PHONE NUMBER _____

RELATIONSHIP AND YEARS KNOWN _____

PLEASE LIST THREE BANK OR FINANCIAL REFERENCES IF RESPONSIBLE FOR RENT

NAME	ADDRESS	PHONE #	ACCT. #	TYPE OF ACCOUNT
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WOODBIDGE LAKES HOMEOWNERS ASSOCIATION, INC.

APPLICATION FOR ADDITIONAL OCCUPANTS

**AUTHORIZATION FOR RELEASE OF CREDIT
AND BACKGROUND REPORT**

TO BE COMPLETED BY THE PROPOSED OCCUPANT(S)

THIS PAGE MUST BE NOTARIZED TO BE COMPLETE

NAME(S): _____

CURRENT ADDRESS: _____

SOCIAL SECURITY NUMBER(S): _____

CANADIAN SOCIAL INSURANCE ID: _____

DATE(S) OF BIRTH: ____/____/____ ____/____/____

IN ACCORDANCE WITH PL-91-508, I HEREBY AUTHORIZE THE HOA'S CREDIT REPORTING
AGENCY TO RELEASE A WRITTEN COPY OF MY CREDIT REPORT:

PRINTED NAME: _____

SIGNATURE: _____

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

State of Florida

County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, _____ by
_____ who is personally known to me or who presented proper identifications of
identity.

NOTARY SIGNATURE: _____

DATE: _____ MY COMMISSION EXPIRES: _____

SEAL: