

LAKESIDE HILLS ESTATES ASSOCIATION, INC.

A Deed Restricted 55+ Community
520 Forest Lake Drive, Lakeland, FL 33809
Office phone: (863) 583-4969
email: LakesideHills@gmail.com

(This box for LHEA use only)
Unit number (i.e. F0520): _____
Seller: _____
Interview Date: _____
Approx Closing Date: _____
Board approval Date: _____

CONTRACTUAL MEMBERSHIP/BUYER APPLICATION

Consent for Background check and current government issued photo ID with birthdate will be attached to this document.

*** Type or print neatly in all fields; write N/A if not applicable

_____ **DOB** _____
Buyer/applicant #1: PRINT Last name, first name, middle name

Landline phone: _____ Cell phone: _____ Work phone: _____

Email address: _____

Date that you received and read the LHEA Bylaws, Covenants and Rules: _____

_____ **DOB** _____
Buyer/applicant #2: PRINT Last name, first name, middle name

Landline phone: _____ Cell phone: _____ Work phone: _____

Email address: _____

Date that you received and read the LHEA Bylaws, Covenants and Rules: _____

*Buyer/applicant #2 relationship: (circle) Legal spouse, domestic partner, relative, friend, other _____

Occupancy status: Full time, Part time, or Investment Flipper? ←circle one) If you will not be residing in the home full time, you must provide an alternate mailing address:

Will there be anyone else residing in this home for more than 30 days per year? If yes, explain _____
(Only 2 Members per household; all others must be approved as Guests with an Intent to Share form.)

Emergency contact #1 (name and phone): _____

Emergency contact #2 (name and phone): _____

Pet #1 Breed and weight _____ current vaccination record and photo attached? _____

Pet #2 Breed and weight _____ current vaccination record and photo attached? _____

Buyer/applicant #1 initials _____

Buyer/applicant #2 initials _____

Arrest Record/Felony convictions: (state "None" if never arrested and "None" if never convicted of Felony)

Buyer/applicant #1: Date(s) and reason(s) for arrest. Date(s) and reason(s) for felony conviction(s)

Buyer/applicant #2: Date(s) and reason(s) for arrest. Date(s) and reason(s) for felony conviction(s)

Buyer(s)/applicant(s) understand, agree and authorize Lakeside Hills Estates Association Board of Directors and/or their screening/review committee, and their agents to investigate and verify all of the information submitted on this application including criminal background reports, landlord / tenant court records, as well as contacting current and previous landlords. Any buyer/applicant that refuses to comply (submit application or list names of ALL that will be living in the residence) will render the residence to be considered in violation of the by-laws of Lakeside Hills Estates Association, Inc.

Buyer(s)/applicant(s) understand and agree that final approval / denial of this application is by Lakeside Hills Estates Association Board of Directors acting on behalf of all homeowners, and that Buyer(s)/applicant(s) will hold harmless all parties from any claim or action related to this application or the resulting investigation.

Buyer(s)/applicant(s) understand and agree that no assumption shall be made by the Buyer(s)/applicant(s) that this application has been approved / denied until receiving written confirmation of such action.

Buyer(s)/applicant(s) understand and agree that they have submitted an accurate application for Membership along with a **non-refundable processing fee of \$ 25.00 per each individual buyer/applicant** (age 21 or over,) made payable to Lakeside Hills Estates Association (LHEA).

Any falsification of this application may result in denial. (LHEA does not deny any potential buyer/applicant based on race, religion, income, disabilities, gender, sexual orientation, ethnicity and/or culture. Criteria for denial is: Felony within the last 5 years, sexual predator conviction, and/or currently on probation.)

The Association has the right to enforce the By-laws, Rules, Covenants, Conditions and Restrictions set forth in its Declaration against any buyer/applicant, or any other occupant of the household, individually or collectively.

Governing Documents and Rules Affirmation:

I/we have read all Lakeside Hills Estates Association By-laws, Covenants, and Rules, and agree to abide by all Association documents and any amendments made by the Association to said Association documents.

I/we agree that we will act in accordance to the Association documents and understand that any violation of these documents may result in legal action.

Buyer/applicant # 1 signature: _____ **Date:** _____

Buyer/applicant # 2 signature: _____ **Date:** _____

Reviewed by the following Board and Membership Committee Members and Block Captains (sign & date)

LAKESIDE HILLS ESTATES ASSOCIATION, INC.

DISCLOSURE SUMMARY

1. As a purchaser of property in the Community, you will be obligated to be a member of Lakeside Hills Estates Homeowners Association, Inc., a Homeowners Association.
2. There are recorded Covenants and Restrictions, Bylaws and other documents governing the use and occupancy of properties in this community. These documents are available on our web page: www.LakesideHillsHOA.com
3. You will be obligated to pay assessments on the first day of each month to the Homeowners Association, which assessments are subject to periodic change.
4. The current assessment for **2024 is \$ 282.00 per month**. Signing up for Automatic Withdrawal (ACH) payment is mandatory.
5. There may be a requirement to pay rent or land use fees for recreational or other commonly used facilities as an obligation of membership in the Homeowners Association.
6. The Covenants, Restrictions, and Bylaws cannot be amended without the approval of the membership.
7. The statements contained in this Form are only summary in nature and, as a prospective purchaser; you should refer to the Covenants and Restrictions, Bylaws and other Association governing documents.
8. It is the sole responsibility of the parcel owner to supply this Disclosure Summary as stated in the Florida Statutes.

Buyer/applicant #1: Print name, sign and date

Buyer/applicant #2: Print name, sign and date

LHEA Unit or Address _____

LAKESIDE HILLS ESTATES ASSOCIATION, INC.
MEMBERS SOCIAL AND EMAIL CONSENT FORM

(This box for LHEA use only)

Unit number (i.e. F0520): _____

Seller: _____

Full or Part time: _____

Deed rcvd (ownership proof) _____

Welcome new Members of the homeowners association (HOA). We are a very social community, but we respect your right to opt in or opt out of participating. We have a community phone book, monthly newsletters, and online voting! For the purpose of keeping you informed and introducing you to your neighbors, please complete this consent form.

**** You may opt out or in at any time a new form is signed and delivered to LakesideHills@gmail.com**

I, _____, give consent to share or opt out for the following information
LEGIBLY PRINT Last name, first name, (nickname)

I, _____, give consent to share or opt out for the following information
LEGIBLY PRINT Last name, first name, (nickname)

Check **YES** or **NO** to give permission or opt out for each specific item below.

I consent to online voting and to receive the Newsletter and other LHEA notifications via my email address:

YES **No** Member #1 Neatly print email address _____

YES **No** Member #2 Neatly print email address _____

Consent to Publish Phone number(s) in LHEA Community Phone Book (aka PCI Directory):

YES **No** Member #1 Landline _____ cell # _____

YES **No** Member #2 Landline _____ cell # _____

The following may be published in the LHEA Newsletter for monthly celebrations and Welcome articles:

YES **No** Member #1 Birthday (month & day only) _____

YES **No** Member #2 Birthday (month & day only) _____

YES **No** Our Anniversary (month & day. year is optional) _____

YES **No** Military Veteran status & branch for annual Veterans Day List _____

YES **No** Welcome Interview including hobbies, interests, work background, how you found LHEA, etc.

YES **No** Welcome photo (preferably in front of your new home with pets if applicable).

I also understand and agree if I attend public events or meetings, that LHEA has no control over photos or videos that might be shared by others in attendance.

Signature Member #1: _____ **Date** _____

Signature Member #2: _____ **Date** _____