

# SHAKER WOODS COMMONS CONDOMINIUM

C/O Acclaim Management

4360 W Oakland Park Blvd, Lauderdale Lakes, FL 33313 Phone: (954)640-6100 Fax: (954)640-0681  
Email: [info@acclaimcares.com](mailto:info@acclaimcares.com)

## LEASE/PURCHASE APPLICATION

Today's Date: \_\_\_\_\_

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

Address Applying for:

**APPLICATION FEE IS \$100.00 per Applicant made PAYABLE TO: ACCLAIM  
MANAGEMENT and \$50.00 made payable to SHAKER WOODS COMMONS  
ASSOCIATION, INC. for each applicant over the age of 18.**

**This is a NON-REFUNDABLE FEE**

**MONEY ORDERS OR CHECKS ONLY – NON-REFUNDABLE**

RETURN ORIGINAL APPLICATION PACKAGE, COMPLETELY FILLED OUT, WITH PAGES IN THE FOLLOWING ORDER:  
**(PHOTO COPIES, SCANNED/E-MAILED COPIES OR FAXED COPIES ARE NOT ACCEPTED.)**

**APPLICATION CAN TAKE UP TO 30 DAYS TO PROCESS, MILITARY PERSONEL WILL BE PROCESSED IN 7 DAYS**

MILITARY PERSONEL YES OR NO (NEED MILITARY ID FOR FASTER PROCESSING).

FRONT PAGE (PAGE 2) FILLED OUT COMPLETELY. NO BLANKS.

PURCHASE-LEASE CRITERIA MUST BE SIGNED.

AUTHORIZATION BACKGROUND SHEET FILLED OUT AND SIGNED BY ALL APPLICANTS.

BASIC RULES AND REGULATIONS.

PET FORM FILLED OUT AND SIGNED.

PROOF OF INCOME AND 2 MONTHS BANK STATEMENTS OR TAX RETURN

OWNER CAR INFORMATION SHEET COMPLTETLY FILLED OUT AND ATTACH COPY OF CAR REGISTRATION

COPY OF PICTURE ID AND SOCIAL SECURITY CARD

LEASE OR PURCHASE CONTRACT MUST BE INCLUDED

INTERNATIONALS- PLEASE PROVIDE CREDIT AND BACKGROUND HISTORY. IF International Background Check is required, cost of background check will vary from country to country, as well as time to process it.

For Office Use Only:

INTERVIEW REQUIRED: \_\_\_\_\_ DATE SCHEDULED: \_\_\_\_\_

RECEIVED APPLICATION FEES FROM ALL APPLICANTS: \_\_\_\_\_

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**YOU MAY NOT MOVE INTO THE UNIT UNTIL APPROVED BY THE BOARD OF DIRECTORS.**

## **IMPORTANT**

If your application is incomplete, it will be returned to you by mail along with any fee you may have submitted, as well as a list of missing items.

You may then complete the application and re-submit it together with the required fee(s).

Please provide the name and address which you would like us to use if the application is incomplete and must be returned to you.

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

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

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

Phone #: \_\_\_\_\_ Alt. #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

PURCHASE OF: \_\_\_\_\_

If you do not fill out the information above, we will use the best address available on the application that was submitted.

**All fees must be in the form of money orders or checks.**

**Please Note:** The application process takes up to 30 days. The 30-day time period does not start until the application is complete. Incomplete paperwork will result in the delay of the application process.

**\*\*DELIVER TO: 4360 W Oakland Park Blvd. Lauderdale Lakes, FL 33313\*\***

**Acclaim Management does business in accordance with the Fair Housing Act and does not discriminate based on race, creed, color, sex, religion, national origin, age, disability, marital status, familial status, sexual orientation, or any other protected basis.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SHAKER WOODS COMMONS CONDOMINIUM

## PURCHASE / LEASE CRITERIA

**APPLICATION PROCESS:** Please allow thirty (30) business days for your application to be approved. Applicants must be 18 years of age or older to apply for residency. A valid driver's license or a government issued photo ID is required. Military personnel will be processed in 7 days. Will need military ID for faster processing. Interview will be required for all Buyers on application. **Money orders or checks only. NON-REFUNDABLE.**

**EMPLOYMENT HISTORY:** You must provide complete employment information. New hires may be required to provide a new hire letter on company letterhead stating new hire date, job title and income. Self-employed persons will be required to provide a recent personal tax return or a letter from the company accountant stating annual income. Corporate tax returns are not acceptable.

**PETS:** A weight limit not to exceed 25lbs each.

**VEHICLES/TOWING:** No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, etc. will be permitted on the property. All vehicles must have current license tags and be in operable condition. All vehicles must be in their designated parking spaces. Guest parking shall be on the first come-first served basis.

**CREDIT:** Credit History should be favorable. Must have a score of 650 FICO. Poor credit after bankruptcy is not acceptable.

**CRIMINAL HISTORY:** Persons convicted of a felony, or misdemeanors will be Evaluated by the Board of Directors and could be grounds for rejection.

**SOCIAL SECURITY NUMBERS:** Persons who do not have social security numbers must provide a Visa, Visa Waiver or Resident Alien Card, also must provide an international background check.

Any applicant who falsifies information on his or her application will not be accepted for residency or may be subject to immediate lease or termination. SHAKER WOODS COMMONS CONDOMINIUM, ASSOCIATION does business in accordance with the Equal Housing Opportunities Law and does not discriminate against any person because of race, color, religion, gender, handicap, familial status or national origin.

Applicant acknowledges reading and understanding the above criteria and is aware that their application will be submitted for a background check.

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Proposed New Address: \_\_\_\_\_  
Unit: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Applicant**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security#: \_\_\_\_\_  
Current Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Dates at Residence: \_\_\_\_\_ to \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address of employer: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Period of employment: \_\_\_\_\_ to \_\_\_\_\_  
Prior employer and position if less than 3 years: \_\_\_\_\_  
Income estimate for this year: \_\_\_\_\_ Actual income last year: \_\_\_\_\_  
Educational Background: \_\_\_\_\_  
Driver License #: \_\_\_\_\_

**Co-Applicant**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security#: \_\_\_\_\_  
Current Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Dates at Residence: \_\_\_\_\_ to \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address of employer: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Period of employment: \_\_\_\_\_ to \_\_\_\_\_  
Prior employer and position if less than 3 years: \_\_\_\_\_  
Income estimate for this year: \_\_\_\_\_ Actual income last year: \_\_\_\_\_  
Educational Background: \_\_\_\_\_  
Driver License #: \_\_\_\_\_

**Additional Information**

Names of persons who will reside in Apartment:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ AGE: \_\_\_\_\_  
Is this person: **Residing/Renting?**  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ AGE: \_\_\_\_\_  
Is this person: **Residing/Renting?**  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ AGE: \_\_\_\_\_  
Is this person: **Residing/Renting?**  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ AGE: \_\_\_\_\_  
Is this person: **Residing/Renting?**

Names of anyone in the building known to Applicant:

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**Personal References****Applicant**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_
2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Co-Applicant**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_
2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Do they have a Key: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Business and Professional References****Applicant**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_
2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Name of Realtor, Title Company, or Attorney who is handling this transaction:

Name: _____	Phone #: _____	Cell #: _____
Address: _____	Email: _____	

I DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT. APPLICANT AGREES TO OBTAIN THE HOA ASSOCIATION DOCUMENTS BOOK FROM THE OWNER / SELLER, REVIEW IT AND AGREE TO COMPLY WITH ALL THE TERMS OF IT. **SUBLEASING IS NOT PERMITTED/LEASING WITH OPTION TO PURCHASE' IS NOT PERMITTED. LEASE RENEWALS MUST BE MADE BEFORE CURRENT LEASE EXPIRES TO AVOID ADDITIONAL APPLICATION FEE. BUYER BECOMES RESPONSIBLE FOR ANY AND ALL OUTSTANDING BALANCES AFTER THE CLOSING**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Internal use**

Owner Currently Owes: Amount \$ _____	as of _____ / _____ / _____	By _____
Circle one:	Approved	Disapproved
Reason of Disapproval: _____		

Print Name and Position \_\_\_\_\_

Signature \_\_\_\_\_

## **BASIC RULES AND REGULATIONS ACKNOWLEDGEMENT**

### **SHAKER WOODS COMMONS CONDOMINIUM**

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

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I / WE HAVE REVIEWED THE CONDOMINIUM DOCUMENTS AND FULLY UNDERSTAND EACH OF THE RULES AND REGULATIONS AND WILL ABIDE BY THEM WHILE LIVING SHAKERS WOODS COMMONS CONDOMINIUM.

I / WE FURTHER UNDERSTAND THAT VIOLATING THE RULES AND REGULATIONS COULD RESULT IN RECEIVING A LETTER OR A FINE FROM THE ASSOCIATION.

I / WE ARE AWARE THAT THE HOURS OF MOVE IN ARE 9:00AM – 5:00PM MONDAY – FRIDAY, 8:00AM – 8:00PM SATURDAY AND SUNDAY.

I/WE ARE AWARE ALL VEHICLES ON THE PROPERTY MUST HAVE CURRENT LICENSE TAGS AND BE IN AN OPERABLE CONDITION. IF YOU ARE PARKED IN ANOTHER OWNER ASSIGNED PARKING SPACE, CARS WILL BE TOWED AT OWNER'S EXPENSE.

I / WE ARE AWARE THAT ASSESSMENTS ARE DUE IN FULL ON THE 1<sup>ST</sup> DAY OF EACH MONTH OR IN ACCORDANCE WITH THE PROPERTY DOCUMENTS. ANY PAYMENTS RECEIVED TEN (10) DAYS AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

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SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

SIGNED ON THIS DATE: \_\_\_\_\_

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SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

SIGNED ON THIS DATE: \_\_\_\_\_

**A COPY OF RULES AND REGULATIONS WAS PROVIDED TO  
APPLICANTS**

## Pet Registration Form

SHAKER WOODS COMMONS CONDOMINIUM tenant/owners agree to the pet policies as stated in the condominium documents.

Owner has read and agreed to follow the rules and regulations with regards to pets:

Pets must be **25** pounds or less. Owner must provide a picture of the pet(s) that will be residing in the Unit. Pets shall not be allowed on or about the Common Elements except on a leash of no longer than six (6) feet or when being carried by the owner. No pets shall be left unattended in or on the balcony, patio or other similar area even if the area has been enclosed. No reptiles, wildlife, amphibians, poultry or livestock shall be raised, bred or kept on SHAKER WOODS COMMONS CONDOMINIUM Property. No pets or other animals shall cause or be the source of annoyance, nuisance or disturbance to any other owner or occupant. Each pet owner shall be responsible for the removal and disposal of pet's feces or waste. The ability to have and keep a pet is a privilege, not a right, and the Board is empowered to order and enforce the removal of any animal or pet which becomes a source of annoyance to other residents of SHAKER WOODS COMMONS CONDOMINIUM or in any way causes any damage to the property. When notice of removal of any pet is given by the Board, the pet shall be removed within forty-eight (48) hours of the given notice. Unit Owners may provide in a lease that tenants shall not be permitted to keep or have pets of any kind. Each Owner shall be responsible for the activities of its pet. The pet restrictions provided for herein apply to pets visiting a Unit and pets permanently housed in a Unit.

The association agrees to permit owner to keep the pet described below:

Type of pet: \_\_\_\_\_ Breed: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Color/Description: \_\_\_\_\_  
\_\_\_\_\_

Type of pet: \_\_\_\_\_ Breed: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Color/Description: \_\_\_\_\_  
\_\_\_\_\_

Owner has provided evidence in the form of a receipt or other written verification from the veterinarian of the following documents:

Rabies Vaccination  
 All Vaccinations  
 Tag Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Car Information Sheet**

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

Unit address: \_\_\_\_\_

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

Applicant #1: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt #: \_\_\_\_\_

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

Make and model of Car: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_ Tag #: \_\_\_\_\_

Applicant #2: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt #: \_\_\_\_\_

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

Make and model of Car: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_ Tag #: \_\_\_\_\_

**\*\* OWNERS AND TENANTS MUST OBTAIN CAR DECALS\*\***

**PICTURE ID AND SOCIAL SECURITY CARD**

**HERE**

PICTURE ID

SOCIAL SECURITY CARD

**COPY OF LEASE/ PURCHASE CONTRACT**  
**FOLLOW THIS PAGE**