



SUMMIT LAKE HOMEOWNERS ASSOCIATION, INC

APPLICATION FOR LEASE OR PURCHASE **Please check one:** [] Lease [] PURCHASE

Property Information

Property Address (Lot #): _____

Applicant Information

Applicant Name(s): _____

Phone Number: _____

Email Address: _____

REQUIRED DOCUMENTS & FEES

The following items **must** be submitted with this application:

- Copy of Executed Sales Contract / Lease Agreement**
- Copy of Driver’s License(s) for All Applicants**
- Copy of Vehicle Registration(s) for All Vehicles**
- Copy of Vehicle Insurance(s) for All Vehicles**
- FEES REQUIRED**

1. **Application Fee** (Non-Refundable) **Payable to: Summit Lake HOA, Inc.**

\$100 per applicant (18 years or older) or \$150 total for legally married couple applying together

2. **Processing Fee** (Non-Refundable) **Payable to: Prajna Property Manager LLC**

\$100 per applicant (18 years or older)

IMPORTANT NOTES

- ◆ **Applications must be completed in full.** Incomplete applications **will not** be processed.
- ◆ **Illegible applications may be rejected.** Please print clearly.
- ◆ **Providing false or misleading information may result in denial of the application.**

To request an estoppel, please email service@prajna.llc.

◆ The fee for an **ESTOPPEL** is \$300, and the check must be made payable to Prajna, LLC.

SUBMISSION INSTRUCTIONS ✉ **Email:** service@prajna.llc

✉ **Mail:** 4300 S Jog Rd, P.O. Box #540003, Greenacres, FL 33454

APPLICANT INFORMATION FORM

TO BE COMPLETED BY APPLICANT(S)

(Please type or print clearly)

PROPERTY & TRANSACTION DETAILS

Association Name: SUMMIT LAKE HOMEOWNERS ASSOCIATION, INC.

Purchase – Projected Closing Date: _____

Lease – Lease Start Date: _____

Property Address:

APPLICANT INFORMATION

Applicant Name:

Co-Applicant Name (if applicable):

Billing Address (if different from property address):

Primary Phone Number: _____

Alternative Phone Number: _____

Primary Email: _____

Alternative Email: _____

SUMMIT LAKE HOA
UNMARRIED CO-APPLICANTS USE SEPARATE APPLICATION

Date: _____ Home Phone: _____ Desired Date of Occupancy: _____
Apt. No. _____ Bldg. No. _____ Purchase _____ or Lease _____

Name _____ SS# _____ DOB ____/____/____
Last First MI Jr/Sr Prior

Spouse _____ SS# _____ DOB ____/____/____
Last First MI Jr/Sr Prior

Other Occupants _____ SS# _____ DOB ____/____/____
Last First MI Jr/Sr Prior

Other Occupants _____ SS# _____ DOB ____/____/____
Last First MI Jr/Sr Prior

Present Address _____
Street Apt# City State Zip Code

Present Landlord or Mortgage Co _____ Phone _____

Length of Residence: ____/____ TO ____/____ Monthly Rent/Mort\$: _____ #Pets: _____ Type: _____ Weight: _____
Mo. Yr. Mo. Yr.

Previous Landlord _____ Phone _____

Length of Residence: ____/____ TO ____/____ Monthly Rent\$: _____
Mo. Yr. Mo. Yr.

Present Employer _____ City & St. _____ Phone (____) _____
Position _____ Dates Employed: ____/____ TO ____/____ Income \$ _____ per
Mo. Yr. Mo. Yr.

Previous Employer _____ City & St. _____ Phone (____) _____
Position _____ Dates Employed: ____/____ TO ____/____ Income \$ _____ per
Mo. Yr. Mo. Yr.

Spouse Present Employer _____ City & St. _____ Phone (____) _____
Position _____ Dates Employed: ____/____ TO ____/____ Income \$ _____ per
Mo. Yr. Mo. Yr.

In Case of Emergency Notify _____ (____)
Name Relationship Address Phone Number

Vehicle #1 _____ #2 _____
Year Make Model Tag# State Year Make Model Tag# State

Military Status: Active: _____ YES _____ NO _____

Have you ever left owing money to an owner or landlord? Applicant: Yes _____ No _____ Spouse: Yes _____ No _____

Have you ever been arrested for a felony? Applicant: Yes _____ No _____ Spouse: Yes _____ No _____

Have you ever been convicted of a felony? Applicant: Yes _____ No _____ Spouse: Yes _____ No _____

If you have answered yes to any of the above questions, please explain the circumstances regarding the situation on back of this sheet.

AUTHORIZATION OF RELEASE OF INFORMATION: Applicant(s) represents that all of the above information and statements are true and complete, and here by authorizes verification of any and all information relating to residential history (rental or mortgage), employment history, criminal history records, court records, and credit records. This application must be signed before it can be processed by management. Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right to occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State.

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____

PARKING REGISTRATION FORM

 **Date:** _____

RESIDENT INFORMATION

Property Address: _____

Resident Name(s): _____

Owner Tenant Other: _____

Primary Phone: _____ **Alternative Phone:** _____

Email: _____

VEHICLE INFORMATION (Max. 2 vehicles per unit)

Vehicle License Plate State Year/Make/Model Color Permit # Bar Code # Owner Name

#1 _____

#2 _____

 **Required Attachments:** Copy of Vehicle Registration & Proof of Insurance.

PARKING RULES & ACKNOWLEDGMENT

- ✓ All vehicles must display their assigned parking permit.
- ✓ Unauthorized or improperly parked vehicles may be towed at the owner's expense.
- ✓ No commercial, oversized, trailers, or RVs allowed.
- ✓ Residents must ensure their guests comply with parking policies.

Failure to comply may result in fines, revocation of parking privileges, and/or towing at the owner's expense.

Resident's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY (To be completed by HOA/Management)

Approved Denied (Reason: _____)

Reviewed By: _____ **Date:** _____

PET INFORMATION

Required Documentation (Must Be Submitted with This Form):

- Recent **photo** of each pet.
- **Rabies vaccination certificate** from a licensed veterinarian.
- **Expected adult weight** (if applicable).
- **Proof of insurance coverage for pets** (if applicable).

Pet Name	Breed	Age	Color	Weight
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Pet Policy:

- **Maximum of two (2) pets per unit.**
- **Pets must not exceed thirty (30) pounds at maturity.**
- **Only domestic pets are permitted.**

PROHIBITED BREEDS

The following breeds and their mixes are **not permitted**:

Pitbull Terriers, Staffordshire Terriers, Rottweilers, Presa Canarios, Chow Chows, Doberman Pinschers, Akitas, Wolves & Wolf Hybrids, Mastiffs, Cane Corsos, Great Danes, Alaskan Malamutes, Rhodesian Ridgebacks, Laikas, Siberian Huskies.

OWNER/RESIDENT ACKNOWLEDGMENT

I acknowledge that I have read and understood the pet policy outlined in this form. I certify that the information provided is accurate and that I will comply with all community rules regarding pet ownership.

Signature: _____

Printed Name: _____

Date: _____

Submit This Form & Required Documents to:

✉ **Email:** service@prajna.llc

✉ **Mail:** 4300 S Jog Rd, P.O. Box #540003, Greenacres, FL 33454



WTC Backgrounds & Drug Testing, Inc.

"We're The Choice!"
ACTION REQUEST

<input type="checkbox"/> Rental Package [Credit, Criminal & Eviction]	<input type="checkbox"/> Employment Verification
<input type="checkbox"/> Criminal History <input type="checkbox"/> FL <input type="checkbox"/> Out of State [Include state address] OR <input type="checkbox"/> Nationwide	<input type="checkbox"/> SSN Verification
<input type="checkbox"/> F.D.L.E. [Florida Department of Law Enforcement]	<input type="checkbox"/> Sexual Offender Search <input type="checkbox"/> FL <input type="checkbox"/> Nationwide
<input type="checkbox"/> DL Records/History Include DL #: <input type="checkbox"/> 3 Year <input type="checkbox"/> 7 Year	<input type="checkbox"/> Credit Report ONLY
<input type="checkbox"/> FACIS	<input type="checkbox"/> Education Verification

Last Name, First Name, MI./Apellido, Nombre, MI.

Address/DIRECCIÓN

City, State & Zip Code/ Código postal

DOB/ fecha de nacimiento

SSN/ Número de seguro social

Sex M/F

Driver's License Number & State Issued/ Número de licencia de conducir y estado emitido

Company

Company Fax.

Applicant Release

For employment and/or residency, I understand that investigative background inquiries are to be made on me including consumer credit, criminal conviction, motor vehicles, and other reports. I further understand that WTC Backgrounds & Drug Testing, Inc. will be requesting information from various states and other agencies which maintain records about my history. These records include, but are not limited to, driving, credit, criminal, and civil history.

I authorize any party or agency contacted by WTC Backgrounds & Drug Testing, Inc. to furnish the above-mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, or copy form.

Para empleo y/o residencia, entiendo que se me deben realizar investigaciones de antecedentes, incluidos crédito al consumo, condena penal, vehículos motorizados y otros informes. Además, entiendo que WTC Backgrounds & Drug Testing, Inc. solicitará información de varias agencias estatales y de otro tipo que mantienen registros sobre mi historial. Estos registros incluyen, entre otros, antecedentes de conducción, crediticios, penales y civiles.

Autorizo a cualquier parte o agencia contactada por WTC Backgrounds & Drug Testing, Inc. a proporcionar la información mencionada anteriormente y libero a todas las partes involucradas de responsabilidad por hacerlo. Esta autorización y consentimiento serán válidos en original, fax o copia.

APPLICANT SIGNATURE/ FIRMA DEL SOLICITANTE

DATE/FECHA