

Welcome to Lazy River Village!

We are pleased to meet you and appreciate your interest in our premiere 55+ Resident Owned Waterfront Community. To start the process of becoming a resident – whether purchasing or renting – we will need a few things from you.

- Complete the following applications/forms
 - Application for Residency
 - If you have a pet
 - Animal registration From
 - For those having a service or comfort animal Support and Comfort Animal Application

Submit the following to the Lazy River Village Office no less than 21 days prior to the anticipated date of occupancy. All checks are to be made payable to Lazy River Village, INC.

- For Those Purchasing a Home
 - Ensure your Realtor/Seller has provided and reviewed with you a copy of the following documents:
 - Rules and Regulations
 - By-Laws
 - Frequently Asked Questions
 - o A copy of a driver's license/photo ID for each person who will be residing at Lazy River.
 - o A \$50 USD/\$62.50 Canadian application fee.
 - A \$100 USD/\$125 Canadian (per person) non-refundable criminal background check fee.
- For Those Renting a Home
 - Ensure your landlord has provided and reviewed with you a copy of the Rules and Regulations
 - o A copy of a driver's license/photo ID for each person who will be residing at Lazy River.
 - o A \$100 USD/\$125 Canadian (per person) non-refundable criminal background check fee.

For Renters: An application will need to be submitted each year. If a renter remains a continuous renter (no breaks in renting year to year), a background check will not be required.

For Buyers: Once the background check is complete, an interview will be scheduled for you with a member of the Board of Directors.



Application for Residency

I/we hereby make an application to the Board of Directors to purchase and/or reside in Lazy River Village.

Applicant Information					
Name (First, Middle Initial, Last))				
Birthdate (Month, Day, Year)					
Social Security Number					
E-Mail					
Cell Phone Number					
Have you ever been convicted of a felony? () No () Yes					
Are you married?()No()Y	es If Yes, Anni	versary Date:			
Co-Applicant Information					
Name (First, Middle Initial, Last))				
Birthdate (Month, Day, Year)					
Social Security Number					
E-Mail					
Cell Phone Number					
Have you ever been convicted of	of a felony?()N	lo () Yes			
Current Home Address					
Street Address	City	State/Country	Zip Code		
Land Line Phone at this address	s (if applicable) _				

If you wish to have a 3^{rd} person reside in the home, the Board of Directors will need to know the reason, the person pass a background check, and person meet all age requirements.

Additional Applicant Information

Name (First, Middle Initial, Last)
Birthdate (Month, Day, Year)
Social Security Number
E-Mail
Cell Phone Number
Have you ever been convicted of a felony?()No ()Yes
Property to be Purchased or Rented
Street Address of Property: Unit (Lot) Number
Do you have a Pet? () Yes () No Is this home in the Pet section? () Yes () No
If yes, and in the pet section, complete the Animal Registration form attached.
If yes, and NOT in the pet section, complete the Animal Registration Form AND the Support or Comfort Animal Application form attached.
Current Owners (s):
If Purchasing
Anticipated Date of Sale Realtor
Will you be residing in LRV full time or seasonally?()Full () Seasonally
If seasonal, will you continue to reside in your existing home? () Yes () No
NOTE: If continuing to reside in current home, we want to ensure we have a method of contacting you if you are not in LRV.
If Renting - Occupancy Dates:
() Full Time Resident
() Seasonal Dates Renting/Occupying: From To

for declining my/our application. I/we hereby give per	in this application will void this application and will be a cause mission for Lazy River Village to obtain a criminal records py, or original signature. I/we agree to hold harmless Lazy
(initial) (initial) (initial) I give my consent Directory and on the website (for buyers and full-time	to publish my contact information in the Lazy River Village e renter/residents only).
(initial) (initial) (initial) I give my consent 719.106 and Rule 618.75.002 of the Florida Administ	to receive communication via E-Mail pursuant to Fla. Statute trative Code.
(initial) (initial) (initial) I have read and u be held to comply with all of the provisions therein.	nderstood the contents of the documents provided and I will
Applicants Signature	 Date
Co-Applicants Signature	 Date
Additional Occupants Signature	 Date

We hereby acknowledge that the above statements are true and correct to the best of my/our knowledge. We



records and a picture of your p

Animal Registration Form

Date.				_
Owner Name:				_
LRV Address Animal Residing:				_
Pet Name:				_
Breed:				-
Type of Pet (Check One):	(_ Dog	_) Cat	Other:	
Applicable Category (check one):	Pet	_) Support	_) Service	
Lazy River Village and its insurance up in part or whole of: Pit Bulls, Anl	. ,		· ·	
Chows, Doberman Pinchers, Ge	rman Shep	oard's, Great	Danes, Keeshond	ds, Presa Canarias
Rottweilers, Strafford Terriers, and	Wolf Hybrid	s.		

If you have checked a support or service animal applicable category, please complete the Support and Comfort Animal Form. Indoor cats do not need to register as a Service or Support Animal.

All animals must remain current on vaccinations. Please attach a copy of the most recent vaccination



Date:

Support or Comfort Animal Application

To ensure that an emotional support animal can reside in or visit your home outside of the pet sections, please have the following completed by a licensed medical professional. All pet owners in Lazy River Village must comply with the Rules and Regulations of Lazy River Village concerning pet ownership.

Owner Name:		
LRV Address Animal Residing:		
Pet Name:		
Breed:		
made up in part or whole of: Pit Bu	e company do not allow the following breeds o ulls, Ankitas, American Bulldogs, Beaucerons, Pinchers, German Shepard's, Great Danes, K erriers, and Wolf Hybrids.	Caucasian
MENTAL HEALTH/MEDICAL PROF	FESSIONAL INFORMATION	
Name of Practice:		_
Physician's Name and NPI Numb	per:	<u> </u>
Phone Number:		_
,	are or Medical Professional License:	
		<u> </u>
(Initial) I am a licensed menta a mental or emotional disab	l health or medical professional treating the albility.	bove-named person for
	owner needs the support, comfort, or service bled person to equally enjoy and use of thei	



Consent to Electronic Voting and Electronic Notices Application

Certificate Holder Name	Signature	Date
ertificate holder has rescinded their	consent to receive electronic not	rovided to the certificate holder unless the ice of meetings. Please be aware that if you lesignated for that purpose will be an official
E-I	Mail Address. If Printing, please p	rint clearly.
Board, and Annual/Specia the following email addres	I Meetings of the certificate holde	ectronic transmission for meetings of the rs of Lazy River Village, Inc. I designate es: (you may write "same as above" irposes):
with LRV, Inc. prior to the meeting of by electronic means, and that all ele	or election in which the certificate ectronic votes shall be cast within	onsent form must by signed and on file holder /designated voter wished to vote the window set by the Board in advance deemed closed for that meeting or
E-	Mail Address. If Printing, please p	rint clearly.
sent to the Lazy River Villa	age Office), I consent to voting ele the fullest extent permitted by law	nsenting to electronic voting by e-mail ectronically at meetings and elections for pursuant to the following e-mail address
Please place a mark or "X" on the I receiving electronic notice or both.		ent. You may consent to electronic voting,
Inc. Bylaws for Unit# at Lazy writing to:		Stature/Code, hereby consents in