

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
 - A copy of a driver's license/photo ID for each person who will be residing at Lazy River.
 - 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
 - A copy of a driver's license/photo ID for each person who will be residing at Lazy River.
 - 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 or rent (circle one) 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 () Yes If Yes, Anniversary 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 a felony? ()No ()Yes

Current Home Address

Street Address	City	State/Country	Zip Code
Land Line Phone at this address	(if applicable)		

If you wish to have a 3rd 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 Re	ented	
Street Address of Property:	Unit (Lot) Νι	imber
Do you have a Pet?()Yes ()N	Io Is this home in the Pet se	ection?()Yes ()No
If yes, and in the pet section, complet	te the Animal Registration form	attached.
If yes, and NOT in the pet section, co Application form attached.	mplete the Animal Registration	Form AND the Support or Comfort Animal
Current Owners (s):		
If Purchasing		
Anticipated Date of Sale	Realtor	
Will you be residing in LRV full tim	າe or seasonally?()Full () Seasonally
If seasonal, will you continue to re	side in your existing home?	()Yes ()No
NOTE: If continuing to reside in curre not in LRV.	nt home, we want to ensure we	e have a method of contacting you if you are
If Renting - Occupancy Dates:		
() Full Time Resident		

() Seasonal Dates Renting/Occupying: From _____ To _____

We hereby acknowledge that the above statements are true and correct to the best of my/our knowledge. We realize that any false or misleading information given in this application will void this application and will be a cause for declining my/our application. I/we hereby give permission for Lazy River Village to obtain a criminal records report and a credit report whether by verbal, photocopy, or original signature. I/we agree to hold harmless Lazy River Village and all providers of information.

____ (initial) ____ (initial) ____ (initial) I give my consent to publish my contact information in the Lazy River Village Directory and on the website (for buyers and full-time renter/residents only).

(initial) (initial) (initial) I give my consent to receive communication via E-Mail pursuant to Fla. Statute 719.106 and Rule 618.75.002 of the Florida Administrative Code.

(initial) (initial) (initial) I have read and understood the contents of the documents provided and I will be held to comply with all of the provisions therein.

Applicants Signature

Co-Applicants Signature

Additional Occupants Signature

Date

Date

Date



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 company do not allow the following breeds or mixed breeds made up in part or whole of: Pit Bulls, Ankitas, American Bulldogs, Beaucerons, Caucasian Mountain Dogs, Chows, Doberman Pinchers, German Shepard's, Great Danes, Keeshonds, Presa Canarias, Rottweilers, Strafford Terriers, and Wolf Hybrids.

All animals must remain current on vaccinations. Please attach a copy of the most recent vaccination records and a picture of your pet(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.



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.

Date:	
Owner Name:	
LRV Address Animal Residing:	
Pet Name:	
Breed:	

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MENTAL HEALTH/MEDICAL PROFESSIONAL INFORMATION

Name of Practice:

Physician's Name and NPI Number: _____

Phone Number:

Date and Type of Mental Healthcare or Medical Professional License:

Physician's Signature and Date:

____ (Initial) I am a licensed mental health or medical professional treating the above-named person for a mental or emotional disability.

_(Initial)The above-named pet owner needs the support, comfort, or service animal as a reasonable accommodation for the disabled person to equally enjoy and use their home/unit.



Consent to Electronic Voting and Electronic Notices Application

The undersigned, being a certificate holder or the authorized voter under Article II 2.3.(e) of the Lazy River, Inc. Bylaws for Unit# _____ at Lazy River Village pursuant to Florida Stature/Code, hereby consents in writing to:

Please place a mark or "X" on the line for which you are giving consent. You may consent to electronic voting, receiving electronic notice or both.

_ELECTRONIC VOTING. By signing this consent form (or consenting to electronic voting by e-mail sent to the Lazy River Village Office), I consent to voting electronically at meetings and elections for Lazy River Village, Inc. *to* the fullest extent permitted by law, pursuant to the following e-mail address for electronic voting purposes:

E-Mail Address. If Printing, please print clearly.

Undersigned understands and agrees that in order to be valid, this consent form must by signed and on file with LRV, Inc. prior to the meeting or election in which the certificate holder /designated voter wished to vote by electronic means, and that all electronic votes shall be cast within the window set by the Board in advance of said meeting at which time the ability to vote electronically shall be deemed closed for that meeting or election.

ELECTRONIC NOTICE. I consent to receiving notices by electronic transmission for meetings of the Board, and Annual/Special Meetings of the certificate holders of Lazy River Village, Inc. I designate the following email address for the electronic notice purposes: (you may write "same as above" or provide a different email address for electronic notice purposes):

E-Mail Address. If Printing, please print clearly.

The undersigned understands that mailed/paper notices may not be provided to the certificate holder unless the certificate holder has rescinded their consent to receive electronic notice of meetings. Please be aware that if you consent to receive electronic notice of meetings, your email address designated for that purpose will be an official record of Lazy River Village, Inc.

Certificate Holder Name

Signature

Date