

Lakewood Homeowners Association

Renters Membership Application

APPLICANT 1: _____ DRIVERS LICENSE #: _____

PHONE: _____

APPLICANT 2 _____ DRIVERS LICENSE #: _____

PHONE: _____

PREVIOUS ADDRESS: _____

HOME PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

RELATIONSHIP: _____

Name of Person that owns property _____

Please read and initial each statement below. Sign the document only if in agreement with all statements. All documents cited herein are available at www.livingatlakewood@gmail.com

1. _____ I have read and understand the deed restrictions and rules contained in Lakewood Homeowners Covenants, Conditions, and Restrictions.
2. _____ I agree to comply with Lakewood HOA Bylaw, CCR, and Lake Rules currently in effect or as may be amended in accordance with Lakewood HOA Bylaws.
3. _____ Members are responsible for the actions of their guests and family members using Lakewood HOA facilities.
4. _____ Statements are mailed to Members quarterly.
5. _____ Dues of \$120.00 must be paid net 15 or 15th of month of billing to avoid a late fee of \$5.00 per quarter.
6. _____ Dues may be subject to change in accordance with the Bylaws.
7. _____ Members shall pay all fees, charges, or assessments, legal or otherwise, which are deemed necessary by the Association Board of Directors for the purpose of collecting dues or enforcing deed restrictions on my property.
8. _____ I have paid the initial quarterly dues of \$120.00.

APPLICANT 1 SIGNATURE : _____ DATE _____

APPLICANT 2 SIGNATURE : _____ DATE _____

LAKWOOD HOA REP: _____ DATE _____