

**TAMARAC LAKES NORTH ASSOCIATION, INC.  
2600 NW 53<sup>rd</sup> STREET  
TAMARAC, FLORIDA 33309  
954-731-9726 Offices  
TAMARACLAKES954@BELLSOUTH.NET**

**Complete All Information. Any delinquencies in maintenance fees or other obligations to the association must be satisfied at closing. The process of verification may take up to two weeks. The Board Members and Review Committee Members of the Tamarac Lakes North Homeowner's Association will review this application. Attach a copy of the sales/lease agreement to this application and photo ID's of all parties.**

**Purchase** \_\_\_Yes \_\_\_No                      **Lease** \_\_\_Yes \_\_\_NO  
**Number of Occupants** \_\_\_ **Landlord Name**\_\_\_\_\_

**Property Address** \_\_\_\_\_  
**Lot Number**\_\_\_\_\_

**Please Print**    **First Name**                      **Middle**                      **Last**

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**Signature** \_\_\_\_\_                      **Date**\_\_\_\_\_

**Phone Number**  
**Home** \_\_\_\_\_ **Work or Cell** \_\_\_\_\_  
**Email**\_\_\_\_\_

**Copy Of Deed Restrictions & By Laws received by applicant on  
(Date)**\_\_\_\_\_

**Signature** \_\_\_\_\_

**Please list all intended residents on a separate piece of paper and attach to this application form.**

**Non Refundable Deposit Fee \$100.00 received**      **Date** \_\_\_\_\_  
**(Check or Money Order Only)**

\_\_\_ **Check** \_\_\_ **Other (Defined)** \_\_\_\_\_

**PERSONAL REFERENCES- Need to be filled out for all occupants of property.**

**Name of Personal Reference**      **First** \_\_\_\_\_ **Last** \_\_\_\_\_  
**Phone Number with area code**      \_\_\_\_\_  
**How did you know this person?**

\_\_\_\_\_  
**Length of time known**      **Years** \_\_\_\_\_ **Months** \_\_\_\_\_

**Name of Personal Reference**      **First** \_\_\_\_\_ **Last** \_\_\_\_\_  
**Phone Number with area code**      \_\_\_\_\_  
**How did you know this person?**

\_\_\_\_\_  
**Length of time know**      **Years** \_\_\_\_\_ **Months** \_\_\_\_\_

**PERSONAL INFORMATION**

**In Case of Emergency Contact**      **Name** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_  
**Address** \_\_\_\_\_

**The information regarding age, gender and marital status is voluntary:**  
**Age** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Marital Status** \_\_\_\_\_

**Do you own more than one vehicle?**      \_\_\_ **Yes** \_\_\_ **NO**      **Number** \_\_\_  
**Vehicle 1**  
**Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Color** \_\_\_\_\_ **Tag** \_\_\_\_\_

**Pets**

\_\_\_ **Check here if you do not own a pet**      **Pet Name** \_\_\_\_\_  
**If Applicable: Broward County License Number** \_\_\_\_\_

**Indicate Type of animal \_\_\_\_\_ Age \_\_\_\_\_**  
**Color \_\_\_\_\_ Sex \_\_\_\_\_**