

TAMARAC LAKES NORTH ASSOCIATION, INC.
2600 NW 53rd STREET
TAMARAC, FLORIDA 33309
954-533-2812 Offices
TAMARACLAKES954@gmail.com

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

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 \$200.00 Payable to: Class Act Professionals
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 _____

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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** _____