

**LAKESIDE HILLS ESTATES ASSOCIATION, INC.**

A Deed Restricted 55+ Community  
520 Forest Lake Drive, Lakeland, FL 33809  
Office phone: (863) 583-4969  
email: LakesideHills@gmail.com

(THIS BOX FOR LHEA USE ONLY)

Unit number (i.e. F0520): \_\_\_\_\_

Prev. owner: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Deed received: \_\_\_\_\_

Board approval Date: \_\_\_\_\_

**CONTRACTUAL HOMEOWNER MEMBERSHIP APPLICATION**

Consent for background check and current government issued photo ID with birthdate will be attached to this document.

**\*At least one valid phone number and email address is required to receive official Association notifications.**

**\*Type or print neatly**

\_\_\_\_\_  
**Applicant #1:** PRINT Last name, first name, middle name **DOB** \_\_\_\_\_

Phone#: \_\_\_\_\_ Email address: \_\_\_\_\_

Date that you received and read the LHEA Bylaws, Covenants and Rules: \_\_\_\_\_

\_\_\_\_\_  
**Applicant #2:** PRINT Last name, first name, middle name **DOB** \_\_\_\_\_

Phone#: \_\_\_\_\_ Email address: \_\_\_\_\_

Date that you received and read the LHEA Bylaws, Covenants and Rules: \_\_\_\_\_

\*Applicant#2 relationship:(circle) Legal spouse, domestic partner, relative, friend, other \_\_\_\_\_

Occupancy status: Full time, Part time, or Investment Flipper? (←circle one). If you will not be residing in the home full time, you must provide an alternate mailing address below:

Will there be anyone else residing in this home for more than 30 days per year? If yes, explain \_\_\_\_\_  
(Only 2 Members per household; all others must be approved as Guests with an Intent to Share form.)

Emergency contact #1 (name and phone): \_\_\_\_\_

Emergency contact #2 (name and phone): \_\_\_\_\_

Pet #1 Breed and weight \_\_\_\_\_ current vaccination record and photo attached? \_\_\_\_\_

Pet #2 Breed and weight \_\_\_\_\_ current vaccination record and photo attached? \_\_\_\_\_

Applicant #1 initials \_\_\_\_\_

Applicant #2 initials \_\_\_\_\_

**Arrest Record/Felony convictions:** (state "None" if never arrested and "None" if never convicted of Felony)

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Applicant #1: Date(s) and reason(s) for arrest.                      Date(s) and reason(s) for felony conviction(s).

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Applicant #2: Date(s) and reason(s) for arrest.                      Date(s) and reason(s) for felony conviction(s).

**Applicant(s) understand, agree and authorize Lakeside Hills Estates Association Board of Directors and/or their screening/review committee and their agents to investigate and verify all of the information submitted on this application including criminal background reports, landlord/tenant court records, as well as contacting current and previous landlords. Any applicant that refuses to comply will render the residence to be considered in violation of the Governing Documents (i.e. does not submit an application prior to the sale or transfer of the deed, does not provide accurate pet information, does not provide age verification, or does not disclose ALL occupants who will be living in the residence).**

Applicant(s) understand and agree that final approval/denial of this application is by Lakeside Hills Estates Association Board of Directors acting on behalf of all homeowners, and that Applicant(s) will hold harmless all parties from any claim or action related to this application or the resulting investigation. Applicant(s) understand and agree that no assumption shall be made by the Applicant(s) that this application has been approved/denied until receiving written confirmation of such action by email, letter, or estoppel. Applicant(s) understand and agree that they have submitted an accurate application for HOA Membership along with a non-refundable processing fee of \$25.00 per each individual Applicant (age 21 or over,) made payable to Lakeside Hills Estates Association (LHEA).

Any falsification of this application may result in denial. LHEA does not deny any potential Applicant based on race, religion, income, disabilities, gender, sexual orientation, ethnicity and/or culture. Criteria for denial is: Felony within the last 5 years, sexual predator conviction, and/or currently on probation. Age verification requires at least one occupant to be 55 years of age or older AND on the deed.

The Association has the right to enforce the Bylaws, Rules, Covenants, Conditions and Restrictions set forth in its Declaration against any Applicant, or any other occupant or guest of the household, individually or collectively.

**Governing Documents and Rules Affirmation:**

I/we have received and read the current Lakeside Hills Estates Association By-laws, Rules, Covenants, Conditions and Restrictions, and I/we agree to abide by all Association documents and any amendments made by the Association to said Association documents.

I/we agree that we will act in accordance to the Association documents and understand that any violation of these documents may result in fines and/or legal action.

**Applicant #1 signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant #2 signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Reviewed by the following Membership Committee, Board Members, and Block Captains (sign & date)***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISCLOSURE SUMMARY**

LAKESIDE HILLS ESTATES ASSOCIATION, INC.  
A Deed Restricted 55+ Community  
520 Forest Lake Drive, Lakeland, FL 33809  
Office phone: (863) 583-4969  
email: *LakesideHills@gmail.com*  
website: *LakesideHillsHOA.com*

As an owner of property in Lakeside Hills Estates, you will be a Member of the Homeowners' Association after being interviewed and approved by the Membership Committee. There are recorded restrictive Covenants and Bylaws, as well as Rules & Regulations, and other documents governing the use and occupancy of properties in this community. These documents are available online at [www.LakesideHillsHOA.com](http://www.LakesideHillsHOA.com) or upon request by emailing [LakesideHills@gmail.com](mailto:LakesideHills@gmail.com), or in printed form by appointment by calling 863-583-4969.

**All new buyers will be obligated to pay a one time Title Transfer Capital Contribution Fee of \$250 at closing. You will be obligated to pay assessments to the Association on the first day of each month. Assessments may be subject to periodic change by a Membership vote. The monthly HOA assessment for the year 2026 is \$292 per month, payable by Automatic Withdrawal (ACH) payment.**

You will also be obligated to pay any special assessments imposed by the Association. Such special assessments may be subject to change. You may be obligated to pay special assessments to the respective municipality, county, or special district. All assessments may be subject to periodic change. There may be a requirement to pay rent or land use fees for recreational or other commonly used facilities as an obligation of membership in the Homeowners Association. Your failure to pay special assessments could result in a lien on your property.

To receive official Association notifications by phone, you will be obligated to provide at least one valid phone number to the Association. To vote online and receive the monthly Newsletter which is an official means of communication from the Association, you must provide at least one valid email address. You will also be obligated to provide an alternate mailing address if this will not be your primary residence.

The statements contained in this disclosure form are only summary in nature, and as a prospective homeowner, you should refer to the current Bylaws and Covenants, Conditions and Restrictions, Rules & Regulations, and other Association governing documents before purchasing property in Lakeside Hills Estates. The Bylaws, Covenants, Conditions and Restrictions cannot be amended without the approval of the Membership by a majority vote.

As stated in the Florida Statutes, it is the responsibility of the current parcel owner to supply this Disclosure Summary to any prospective purchaser. As a convenience, it is provided here and on the Association website at [www.LakesideHillsHOA.com](http://www.LakesideHillsHOA.com).

Applicant #1 print name, sign and date: \_\_\_\_\_

Applicant #2 print name, sign and date: \_\_\_\_\_

LHEA home address: \_\_\_\_\_, Lakeland FL 33809

**LAKESIDE HILLS ESTATES ASSOCIATION, INC.**  
**SOCIAL AND EMAIL CONSENT FORM**

<p><b>(This box for LHEA use only)</b> Unit number (i.e. F0520): _____ Full or Part time? _____ Deed rcvd (ownership proof) _____ Prev. owner: _____</p>
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Welcome! As a new Member of the Homeowners Association (HOA), you will receive important information via the Lakeside Living Newsletter, emails, and/or the Community Phone Notification System. For the purpose of keeping you informed and introducing you to your neighbors and social committees, please complete this consent form.

**\*\* You may opt out or in at any time a new form is signed and delivered to LakesideHills@gmail.com**

I, \_\_\_\_\_, give consent to share or opt out for the following information  
LEGIBLY PRINT Last name, first name, (nickname)

I, \_\_\_\_\_, give consent to share or opt out for the following information  
LEGIBLY PRINT Last name, first name, (nickname)

Check **YES** or **NO** to give permission or opt out for each specific item below.

**I consent to vote Online with EZ-Vote and Newsletter delivery for LHEA notifications via email**

**YES**  **No** Member #1 Neatly print email address \_\_\_\_\_

**YES**  **No** Member #2 Neatly print email address \_\_\_\_\_

**I Consent to publish phone number(s) in the LHEA Community Phone Book (aka PCI Directory):**

**YES**  **No** Member #1 Phone number (cell or landline?) \_\_\_\_\_

**YES**  **No** Member #2 Phone number (cell or landline?) \_\_\_\_\_

**I Consent to publishing in the LHEA Newsletter for monthly celebrations and/or "Welcome" articles:**

**YES**  **No** Member #1 Birthday (month & day only) \_\_\_\_\_

**YES**  **No** Member #2 Birthday (month & day only) \_\_\_\_\_

**YES**  **No** Anniversary (month & day; year is optional) \_\_\_\_\_

**YES**  **No** Military Veteran status & branch for annual Veterans Day List \_\_\_\_\_

**YES**  **No** Welcome Interview including hobbies, interests, work background, how you found LHEA, etc.

**YES**  **No** Welcome photo (preferably in front of your new home with pets if applicable).

*I also understand and agree if I attend public events or meetings, that Lakeside Hills Estates Association, Inc., has no control over photos or videos or audio recordings that might be shared by others in attendance.*

**Signature Member #1:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature Member #2:** \_\_\_\_\_ **Date** \_\_\_\_\_

**CRIMINAL BACKGROUND CHECK CONSENT FORM**

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**Applicant #1 print full legal name:** \_\_\_\_\_

\_\_\_\_\_ Date of birth \_\_\_\_\_ Social Security number (redacted after use)

Current address: \_\_\_\_\_

*I authorize Lakeside Hills Estates Association Board of Directors to perform a criminal background check using my personal information I provided above and my government issued photo ID. I understand my rights when undergoing a criminal background check are protected by the Fair Credit Reporting Act (FCRA), and I have the right to review the report and to dispute errors with the background reporting company.*

X \_\_\_\_\_

Signature and date:

=====

**Applicant #2 print full legal name:** \_\_\_\_\_

\_\_\_\_\_ Date of birth \_\_\_\_\_ Social Security number (redacted after use)

Current address: \_\_\_\_\_

*I authorize Lakeside Hills Estates Association Board of Directors to perform a criminal background check using my personal information I provided above and my government issued photo ID. I understand my rights when undergoing a criminal background check are protected by the Fair Credit Reporting Act (FCRA), and I have the right to review the report and to dispute errors with the background reporting company.*

X \_\_\_\_\_

Signature and date:

\*\*\*\*\*

The section below is for LHEA office use only:

- \_\_\_\_\_ Make a legible copy of applicant(s) government issued photo ID, and verify it is not expired.
- \_\_\_\_\_ Verify birthdate(s) and age(s) to qualify for 55+ status or guest status over 21.
- \_\_\_\_\_ Received \$25 (per person), paid by check to LHEA. Submitted to Treasurer with receipt(s).
- \_\_\_\_\_ Redact Social Security number(s) of applicant(s) before scanning and filing