LakePark at TownPark Homeowners Association, Inc.

11270 SW TownPark Ave, Port Saint Lucie, FL 34987
Telephone: 772-262-5484
Email: jspradlin@campbellproperty.com or
lakeparkadmin@campbellproperty.com

Sale/ Lease Application

Date:_____

I hereby submit the following information and a check or money order in the amount of $75.00/per applicant **($50.00 additional expedite fee**) for consideration by the Board of Directors to purchase/lease: (circle one) **A copy of the sales contract/lease agreement is required to be submitted with all applications.**

Address_____ Lot#_____Owner_____

WE REQUIRE A COPY OF YOUR CONTRACT FOR OUR RECORDS.

Name(s) of Applicant:_____Date of Birth:_____

Name(s) of Applicant:_____Date of Birth:_____

Driver's License #_____ Driver's License #_____

Name of others who will be occupying the unit on a permanent basis:

Name(s)	**Age**	**Relationship**

Occupation:_____

Occupation:_____

Current Address:_____

Phone Number:_____ Cell Number(s):_____

Email:_____Email:_____

Personal References (please print):

Name:_____ Name:_____

Address:_____ Address:_____

City/ST/Zip:_____ City/ST/Zip:_____

Phone:_____ Phone:_____

Revised 06/25/2026

LakePark at TownPark Homeowners Association, Inc.

SURVEY

As required by 24 CFR § 100.307, the undersigned, who is an occupant(s) of:

_____
(Print street address)

Located at LakePark in Saint Lucie, County Florida attaches to this survey documentation of the age of the resident(s) of my (our) home. (This attachment may be a driver's license, birth certificate, passport, military identification card or other state identification card).

OR

The undersigned certifies that the information supplied to LakePark at Town Park Homeowners Association, Inc. at the time of our occupancy, for the purposes of age verification, has not changed and that at least one (1) person occupying my (our) home is over the age of fifty-five (55).

_____	_____
Signature	Signature
_____	_____
Printed Name	Printed Name
_____	_____
Date	Date

Even if your information has not changed, this form still needs to be filled out and is required every two (2) years by the State of Florida, in accordance with the Federal Fair Housing Act.

Revised 06/25/2026

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Lake Park at Town Park
A 55-and-over Community

HOUSING FOR OLDER PERSONS ACT (HOPA)
AGE VERIFICATION SURVEY
(2025)

Address in Lake Park: _____

Owned by: _____Telephone number(s) _____

Occupied by: (Please complete all information for each occupant. If the Owner lives in the residence, include the Owner's information. If additional space is required, please attach an additional sheet For each occupant, please provide a photocopy of one of the following: (1) driver's license; (2) birth certificate; (3) passport; (4) immigration card; (5) military identification; (6) another state, local, national, or international official document of comparable reliability containing a birth date.)

Name (Please print clearly	Age	Date of Birth	Type of Identification Provided

Certification (Must be completed by an occupant at least 18 years of age or older):

I hereby certify that the information listed above is true and correct, and [*circle one*] **there is / there is not** at least one person aged 55 years or older occupying this residence, and there is no one under the age of 18 years of age occupying the residence (except on a temporary basis for no more than 30 days total in any calendar year).

Signed: _____

Print name: _____ Dated: _____

LakePark at TownPark Homeowners Association, Inc.

Vehicle Registration Form

Please fill out a separate application for each vehicle.

☐ Owner ☐ Renter

Name:_____

Address_____

Lot Number:_____

Telephone:_____

Email:_____

Make: _____ Model:_____

Year: _____ Color:_____

State:_____ Plate:_____

BY SIGNING THIS FORM, YOU AGREE TO COMPLY WITH THE RULES & REGULATIONS OF THE LAKEPARK AT TOWNPARK HOMEOWNERS' ASSOCIATION, INC.

_____ _____

Signature Signature

_____ _____

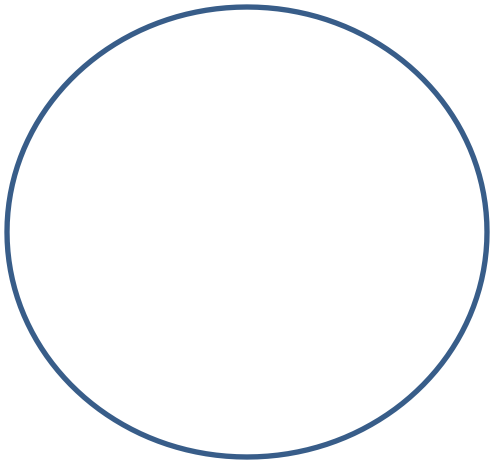
Print name Print Name

For Office Use Only

Date Received: _____ Barcode:_____Installation Date:_____

Installed by:_____ Signature:_____

Revised 06/25/2026



Attach photo of pet here.

LakePark at TownPark

Pet Registration Form

☐ **PLEASE CHECK HERE IF YOU HAVE NO PETS AND SIGN BELOW.**

Name of Pet Owner:_____

Address:_____

Type of Pet: ☐ Dog ☐ Cat ☐ Other

Name of Pet: _____ Age:_____

Pet's Weight:_____ Pet's Tag/License #:_____

Breed (be specific - give complete description, color, etc.):_ _

_____

Please provide a photo of your pet and current vet records and rabies tag.

I am aware of LakePark rules, regulations and restrictions regarding pets on the property and agree to abide by them.

Owner Signature: _____ Date:_____

Print Name:_____

The above pet application is hereby: ☐ approved ☐ denied

Approved by:_____ Date:_____

For and on behalf of the Board of Directors of LakePark at Townpark Homeowners Association.

Revised 06/25/2026

Acknowledgement

I/We understand that this application must be completed in its entirety, and declare that the information provided is true and correct .Willful misrepresentation will void the purchase/lease entered into in connection with this application. I/We have read, understand and agree to abide by the rules and regulations of the LakePark at TownPark Homeowners Association, Inc. and am subject to the Declaration of Covenants of LakePark at TownPark Homeowners Association, Inc. Failure to comply with terms and conditions thereof shall be material default and breech of the purchase agreement.

Purchaser/Tenant Signature	Purchaser/Tenant Signature
Print Name	Print Name
Date	Date

Approved by:

Board Member Signature	Printed Name
Date	

AUTHORIZATION TO CONDUCT CREDIT CHECK AND CRIMINAL BACKGROUND CHECK

By submitting an application and proposed lease or sale contract for the approval by the LakePark at TownPark HOA Association, Inc. (“the Association"), the proposed tenant or occupant authorizes the Association to verify all info provided and to make credit, employment, rental history and reference inquiries deemed necessary by the Association. The proposed tenant or occupant understands, acknowledges and agrees that the Association will conduct a credit check and criminal background check on the proposed tenant or occupant, and the proposed tenant or occupant authorizes the release of information contained within any application package or sought by any inquiries made by Association including, but not limited to, a credit check and criminal background check.

Each Owner and /tenant or occupant understands that the Association is not responsible for obtaining and disclosing any information contained in the Florida Sex Offender Registry. Each owner and proposed tenant or occupant agrees that no course of action may be brought against the Association for failure to obtain or disclose any information contained in the Florida Sex Offender Registry. Each Owner and proposed tenant or occupant agrees that they each have the sole responsibility to obtain such information.

Proposed Tenant or Occupant:	**Owner:**
_____	_____
Signature	Signature
_____	_____
Print Name	Print Name
_____	_____
Signature	Signature
_____	_____
Print Name	Print Name

Revised 06/25/2026

FIDELITY BACKGROUND SERVICE REQUEST FORM

PHONE: 561-380-7933
COMPANY: LAKEPARK AT TOWNPARK HOA

fidelitybackgroundchecks.com
PHONE: (833) 505-1234
EMAIL: JSPRADLIN@CAMPBELLPROPERTY.COM FAX: 866-614-1444

Last Name: _____ First Name: _____ M.I. _____

Maiden: _____ D.O.B. _____ S.S.#: _____

(PLEASE FILL OUT ONE FORM FOR EACH PERSON APPLYING TO HOA)

SEARCHES REQUESTED

- ☒ FLORIDA CRIMINAL HISTORY (includes sexual predator/offender)
- ☒ FLORIDA CRIMINAL HISTORY FDLE
- ☒ NATIONWIDE CRIMINAL CHECK (includes a 50-state sexual predator/offender search)
- ☒ NATIONWIDE SEXUAL OFFENDER
- ☒ EVICTIONS LAST SEVEN YEARS

SIGNATURE REQUIRED TO PROCESS REQUEST

I hereby authorize fidelitybackgroundchecks.com to perform any and all necessary searches for the above-named company.

_____ Date: _____
Signature

_____
Print Name

Revised 06/25/2026