



3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463 | Phone (561) 641-8554

GRAND ISLES MASTER HOMEOWNERS ASSOCIATION, INC.

APPLICATION FOR LEASE – (6 MONTHS OR LESS)

- **\$200.00 Non-refundable application processing fee for each applicant (unless married) and payable to GRS Community Management in the form of a money order or cashier's check.**
- **\$300.00 Rental Application fee (prospective tenants only for short term lease terms of a minimum of four (4) to six (6) months) and payable to Grand Isles Master HOA, Inc.**

INDIVIDUAL COMMUNITY REQUIREMENT CHECKLIST

- _____ A copy of purchase or lease contract is attached.
- _____ Copy of driver's license(s) and vehicle registration(s) are attached.
- _____ No unit may be occupied or used for any commercial or business purpose.
- _____ Owner must obtain title for a minimum of twenty-four (24) months prior to leasing the homesite.
- _____ No more than two (2) household pets are permitted per leased unit.
- _____ Lease terms may be no less than one hundred twenty (120) days and not more than one (1) lease within a twelve (12) months.
- _____ **Rental homes must secure a Business Tax Receipt from the Village of Wellington.**
- _____ At the time of the Lease application (whether is a New Lease or Lease Renewal) the Lot Owner **MUST NOT** be delinquent in the payment of the Association dues and/or have any open and unresolved violations. The account must be brought current before any lease application can be considered for approval by the Association.
- _____ The approval of a purchase and/or lease application may take up to thirty (30) days.

APPROVAL REQUIRED – Application, fees and all applicable documentation must be mailed, or hand delivered to GRS Community Management at the address indicated above. *Please note separate fees apply for additional documentation such as estoppels or questionnaires.*

A Certificate of Approval is required for both leases and resales, however the COA for resales must be presented at closing. The buyer(s) must submit a copy of the Deed to GRS at the address above to be added to the residential database.

Please visit grsmgt.com > ***Grand Isles Master Homeowners Association, Inc. > Association Documents and/or > Rules & Regulations*** for a comprehensive overview of the Rules and Regulations of the Associations.

GRAND ISLES MASTER HOMEOWNERS ASSOCIATION, INC.

Lease Application (6 Months or Less)

Please print legibly and complete all the sections.

LEASE BEGIN DATE:	LEASE END DATE:
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UNIT INFORMATION

PROPERTY ADDRESS	MOVE-IN DATE
CURRENT OWNER NAME	CONTACT #

APPLICANT INFORMATION

APPLICANT NAME	CO-APPLICANT NAME
PRIMARY CONTACT #	PRIMARY CONTACT #
EMAIL	EMAIL
CURRENT MAILING ADDRESS	CURRENT MAILING ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP
EMERGENCY CONTACT NAME & TELEPHONE	EMERGENCY CONTACT NAME & TELEPHONE
MARITAL STATUS MARRIED () SINGLE ()	MARITAL STATUS MARRIED () SINGLE ()

OTHER APPLICANTS OR OCCUPANTS

NAME	RELATIONSHIP	DOB
NAME	RELATIONSHIP	DOB
NAME	RELATIONSHIP	DOB

REALTOR INFORMATION

REALTOR'S NAME	PHONE #	EMAIL
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ADDITIONAL INFORMATION
EMPLOYMENT HISTORY – (For Lessees Only)

ARE YOU: Self-Employed? Yes () No () Retired? Yes () No ()

EMPLOYER	CO-APPLICANT/SPOUSE EMPLOYER
CITY-STATE-ZIP	CITY-STATE-ZIP
PHONE #	PHONE #
EMPLOYED FROM: TO:	EMPLOYED FROM: TO:
DEPARTMENT OR POSITION	DEPARTMENT OR POSITION
SUPERVISOR	SUPERVISOR
MONTHLY INCOME	MONTHLY INCOME

VEHICLE INFORMATION

(Please refer to the Association's Declaration of Restrictive Covenants for Vehicle & Parking Restrictions.)

MAKE	MODEL	COLOR	STATE	TAG #
MAKE	MODEL	COLOR	STATE	TAG #
MAKE	MODEL	COLOR	STATE	TAG #

PET INFORMATION

(Two (2) household pets are permitted per unit)

(Write NONE if no pets)

TYPE	BREED	RABIES LICENSE TAG #	COLOR	WEIGHT
TYPE	BREED	RABIES LICENSE TAG #	COLOR	WEIGHT

AUTHORIZATION FILE DISCLOSURE

APPLICANT/TENANT CONSENT

I hereby consent to allow Verify Screening Solutions, Inc., through its designated agent/employee, to obtain and verify my consumer reports, including but not limited to, my credit report, criminal information, and eviction information for the purpose of determining my eligibility to lease/purchase an apartment. I further understand if I lease/purchase an apartment, I consent to allow Verify Screening Solution, Inc., and its designated agent /employee, for the duration of my lease, to review the following list of information to assess risk, for analytics, for process improvement and other uses: my consumer reports, including but not limited to my credit report, criminal information, eviction information, my rental payment history and occupancy history, and other information. The facts set forth in my application for residency are true and complete. False, fraudulent, or misleading information on an application may be grounds for denial of residency, or subsequent eviction.

Signature

Date

Printed Name

Date of Birth

Social Security Number

Driver ' s License Number

State

2nd Applicant's Signature

Date

Printed Name

Date of Birth

Social Security Number

Driver' s License Number

State

ADDITIONAL OCCUPANTS OVER 18, AUTHORIZATION FORM IS REQUIRED

Grand Isles Master Homeowners Association, Inc.

ADDENDUM TO LEASE APPLICATION

THIS ADDENDUM is made between _____ (“Landlord”) and _____ / _____ (“tenant(s)”) for unit: _____ effective this ___ day of _____ 20__ and is intended to and shall supplement, amend, and modify that certain Lease dated _____, in the following respects:

1. Tenant(s) is subject to and shall abide by Florida Statutes: Assessments: Tenant Occupancy: Where an owner is delinquent in any monetary obligation to the Association, the Association can make a demand for the tenant to pay to the association the future monetary obligations related to the Association unit owed to the Association. The demand must be in writing. If the tenant fails to comply, the Association may have the tenant evicted in accordance with Florida Statutes. The unit owner shall give the tenant a credit against rent due to the unit owner for any amounts paid by the tenant to the Association.
2. In the event the landlord/owner becomes delinquent in payment of assessments (regular, general, or special) or other charges to the Association, the Association may notify the tenant. Upon such notification, the tenant shall be obligated to pay the rent required under the lease to the Association, until all delinquent assessments and other charges have been paid in full. During the period of time the tenant is paying the rent to the Association, the landlord shall not seek to evict the tenant for non-payment of rent.

LANDLORD:

Please Print Name

Signature

Date

TENANT:

Please Print Name

Signature

Date

TENANT:

Please Print Name

Signature

Date



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Ph: (561) 641-8554 / Fx: (561) 641-9448

GRAND ISLES MASTER HOMEOWNERS' ASSOCIATION, INC.
PET REGISTRATION

(Please complete a separate registration form for each pet)

Name of Homeowner(s): _____

Property Address: _____

A. Please indicate type of pet(s)/animal(s), including service animals. Attach a recent picture of your pet(s), taken within the last six (6) months, and accurately show the pet(s)/animal(s) as of the date of this registration.

I. Type of Pet(s): _____ Weight: _____ Color: _____

Breed: _____ Tag Number: _____

II. Veterinarian Reference: (Please attach a current certificate of vaccination/health certified by a licensed veterinarian within the past thirty (30) days.)

Name: _____ Phone No.: _____

Address: _____

B. By submitting this registration application, Resident understands and agrees that the pet(s)/animal(s) is subject to the association's governing documents, including but not limited to association's Declaration of Covenants and Restrictions and its Rules and Regulations and all state and local laws. Accordingly:

1. Two (2) common household pets are permitted in may be kept in each home.
2. When outside the unit, all pet(s)/animal(s) must be on a leash which is attached to the pet/service animal and in direct physical control of a person capable of always controlling such pet and the pet(s)/animal(s) will not be left unattended at any time.
3. Residents agree to register the pet(s)/animal(s) in accordance with local laws and requirements, and to immunize pets in accordance with such local laws and requirements.
4. Resident shall be responsible for any damage created by a pet/animal to association property.

GRAND ISLES MASTER HOMEOWNERS ASSOCIATION, INC.

PROSPECTIVE LESSEE ACKNOWLEDGEMENT

The undersigned being a prospective Owner or Lessee of the following Lot/Unit No.: _____ and Property Address: _____, in **Grand Isles Master Homeowners Association, Inc.** acknowledges that I/We have read, understand, and agree to follow and abide by all the terms and conditions of the following Documents for both the Association and Master Association.

- a. Declaration of Restrictive Covenants
- b. Articles of Incorporation
- c. By-Laws
- d. Rules & Regulations
- e. Any and all Amendments to all Association Documents.

Dated: _____ Lessee Signature: _____
Lessee Print Name: _____

Dated: _____ Lessee Signature: _____
Lessee Print Name: _____

Dated: _____ Lessee Signature: _____
Lessee Print Name: _____