



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

## GRAND ISLES MASTER HOMEOWNERS ASSOCIATION, INC.

### APPLICATION FOR PURCHASE

- ***\$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.***

#### INDIVIDUAL COMMUNITY REQUIREMENT CHECKLIST

- \_\_\_\_\_ A copy of the purchase 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.
- \_\_\_\_\_ 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](http://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.

## Purchase Application

Please print legibly and complete all the sections.

<b>SALE CLOSING DATE:</b>
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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 –**

**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**



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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.

5. The pet(s)/animal(s) will not cause danger, threat to any person or other pet, nuisance, noise, health hazard, or soil the premises, grounds, common areas, walks, parking, landscaping, or gardens. Resident agrees to clean up after the pet(s)/animal(s) and agrees to accept full responsibility and liability for any damage, injury or action arising from or caused by his/her pet(s)/animal(s). Resident agrees that if their pet/animal becomes annoying, bothersome, or in any way a nuisance or disturbance to other Residents or to the operation of the association, the Resident will, upon notice from association remove the offending pet/animal from the premises.
6. Resident warrants that the pet(s)/animal(s) have no history of causing physical harm to persons or property, such as attacking, biting, scratching, chewing, etc. and further warrants that the pet(s)/animal(s) have no vicious history or tendencies.
7. Resident understands and agrees that each year the pet/animal is kept on the property; a valid certification from a licensed veterinarian shall be submitted to the association showing that the pet/animal has current vaccinations.
8. The Resident acknowledges in writing that Resident will comply with the guidelines established by the association regarding pets.
9. If Resident fails to comply with these requirements by failing to have his/her pet(s)/animal(s) registered (this shall include but not limited to replacement pets) and approved in advance or has a pet on the property or premises without approval and is later discovered, (whether the pet belongs to Resident or another), then the association shall have the right to remove such pet/animal immediately without notice. If any action is necessary to remove the animal, the prevailing party shall be entitled to its reasonable attorney's fees and costs, if any.
10. The pet/animal shall not be deemed approved until Resident receives a written confirmation from the association approving same.
11. If any action is necessary to require compliance with this agreement, the prevailing party shall be entitled to its reasonable attorney's fees and costs, if any.

**C.** Association and Resident agree, notwithstanding initial compliance with the pet registration, that should Resident receive written notice from Association that a pet/animal is deemed undesirable, for whatever reason, Resident shall forthwith remove the undesirable pet/animal from the premises. Any failure to remove the pet/animal after written notice shall be a material breach of this agreement.

**D.** Disapproved pets/animals shall not be allowed to re-enter the property or the premises.

**E.** Any approval of a pet given by Association to Resident, prior to or after Resident takes possession of his/her premises, shall be strictly subject to the terms of this agreement/registration, and any such approval given shall require compliance herewith notwithstanding the fact that this addendum may not be resigned after a pet is approved or added.

\_\_\_\_\_

Print Resident Name    Resident Signature    Date

**APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.**

**By:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Authorized Signature of Grand Isles Master HOA, Inc.**

**GRAND ISLES MASTER HOMEOWNERS ASSOCIATION, INC.**

**PROSPECTIVE OWNER ACKNOWLEDGEMENT**

The undersigned being a prospective Owner or Lessee of the following Lot: \_\_\_\_\_ 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: \_\_\_\_\_ Purchaser Signature: \_\_\_\_\_

Purchaser Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_ Purchaser Signature: \_\_\_\_\_

Purchaser Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_ Purchaser Signature: \_\_\_\_\_

Purchaser Print Name: \_\_\_\_\_