

EMERALD LAKE HOMEOWNERS' ASSOCIATION, INC.

c/o GRS Management Associates, Inc.

3900 Woodlake Blvd Suite 309

Lake Worth, FL 33463

561-641-8554

www.grsmgt.com

INSTRUCTIONS FOR PURCHASE AND/OR LEASE APPLICATIONS
(please read carefully and entirely)

IMPORTANT INFORMATION:

- **Applications may take up to 30 DAYS TO PROCESS.** Please plan sufficient time ahead of any scheduled closings or move-in dates for this processing time.
- All applicants **MUST** receive a Certificate of Approval before moving into the unit.
- Property manager will contact you via email to schedule orientation. Please make sure you print your email legibly on the application and monitor your email regularly to receive the message from the property manager.
- **\$137 non-refundable application fee made payable to "Emerald Lake HOA" is required per occupant over 18 years old or married couple.**
- **\$100 non-refundable application fee made payable to GRS Management Associates is also required.**
- Fees shall be paid by **money order or cashier's check only.** (No personal checks)
- **ALL fields in the application form MUST be filled in.** If a field is not applicable please write "N/A" in that field. An application form with a field that is blank and not filled in is considered an incomplete application and will not be processed thus delaying the approval. Please also print legibly.
- Applications can either be dropped off or mailed at the address above.
- Please familiarize yourself with the community by visiting www.grsmgt.com and hover your mouse over "**Resident Services**" and then search for the community landing page. There is a wealth of information on this page including the latest copy of the rules and regulations and HOA Docs which **SHOULD** be read before submitting your application.

DOCUMENTS REQUIRED completely filled out and signed:

- Fully executed Purchase or Lease contract (fully signed by all parties)
- Background applicant authorization form completed and signed by applicant(s)
- Copy of drivers license or other government issued photo ID for each occupant that will be residing in the home over the age of 18.
- Copy of each vehicle registration
- Copy of Veterinarian certificate for pet (if applicable)
- **All these documents MUST be submitted along with the application.**

**EMERALD LAKE HOA
Lease or Purchase Application**

Please print legibly and complete all the sections. If something doesn't apply write N/A in that field.

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
MARTIAL STATUS MARRIED () SINGLE ()	MARTIAL STATUS MARRIED () SINGLE ()

Will the above listed person(s) be the only occupants? Yes No If no, please list all other occupants below.

OTHER OCCUPANTS

NAME	RELATIONSHIP	DOB
NAME	RELATIONSHIP	DOB
NAME	RELATIONSHIP	DOB

REALTOR INFORMATION

REALTOR'S NAME	PHONE #	EMAIL
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EMERALD LAKE HOMEOWNERS' ASSOCIATION INC.

RESIDENT PARKING REGISTRATION

C/O GRS MANAGEMENT ASSOCIATES, INC
3900 WOODLAKE BLVD., SUITE 309
LAKE WORTH, FL 33463

NAME: _____ **DATE:** _____

ADDRESS: _____

TELEPHONE NUMBER TO PROGRAM INTO CALL BOX: _____

MAKE/MODEL: _____ **BARCODE #** _____
(Filled in by Management)
YEAR _____ **COLOR** _____ **STATE** _____

LICENSE PLATE # _____ **VIN:** _____

MAKE/MODEL: _____ **BARCODE #** _____
(Filled in by Management)
YEAR _____ **COLOR** _____ **STATE** _____

LICENSE PLATE # _____ **VIN:** _____

MAKE/MODEL: _____ **BARCODE #** _____
(Filled in by Management)
YEAR _____ **COLOR** _____ **STATE** _____

LICENSE PLATE # _____ **VIN:** _____

Please fill out and return to the GRS Office, address above



APPLICANT AUTHORIZATION

I, hereby, authorize and request any present or former landlord, employer, school, police department, financial institution, agency or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for residence.

I, hereby, authorize GRS Management Associates, Inc. to provide information to First Advantage Background Services, Corp. to obtain and verify such information including accessing consumer reporting agencies as well as performing a criminal and eviction record search.

I have been notified that a consumer report will be requested and understand that the information that First Advantage Background Services, Corp. obtains is to be used in the processing of my purchase or lease application.

I, hereby, release and hold harmless GRS Management Associates, Inc. and First Advantage Background Services, Corp., its affiliates, employees and agents and any other organization that provides information from any and all liabilities arising out of the use of such information in connection with First Advantage Background Services, Corp.

Print Applicant's Name: _____

Applicant's Signature: _____

Social Security Number: _____

Driver's License Number: _____

Date: _____

Date of Birth: _____

State: _____

Print Applicant's Name: _____

Applicant's Signature: _____

Social Security Number: _____

Driver's License Number: _____

Date: _____

Date of Birth: _____

State: _____

******* Additional occupants 18 yrs older please provide a separate authorization form with copies of ID's.**