

3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463 Ph: (561) 641-8554 / Fx: (561) 641-9448

NORMANDY ISLES HOMEOWNERS' ASSOCIATION, INC.

APPLICATION FOR PURCHASE OR LEASE

\$100.00 Non-refundable application processing fee for each applicant (unless married) and payable to GRS Community Management in the form of money order or cashier's check.

| | INDIVIDUAL COMMUNITY REQUIREMENT CHECKLIST |
|---|--|
| Cc N Cc At N vi ar | opy of Lease or Purchase Contract must be attached. opy of driver's license(s), vehicle registration(s) and proof of insurance must be attached. lo unit shall be leased for no less than six (6) consecutive months. ommercial vehicles and/or recreations vehicles are not permitted. It the time of the Lease application (whether is a New Lease or Lease Renewal) the Lot Owner MUST LOT be delinquent in the payment of the Association dues and/or have any open and unresolved iolations. The account must be brought current before any lease application can be considered for pproval by the Association. In pproval of the applications may take up to thirty (30) days. |
| | /AL REQUIRED – Application, fees and all applicable documentation must be mailed, or hand delivered Community Management at the address indicated above. |
| | sit grsmgt.com > Normandy Isles Homeowners' Association > Documents for a comprehensive overview les and Regulations of the Association. |

Purchase or Lease Application

NORMANDY ISLES HOMEOWNERS' ASSOCIATION, INC.

LEASE END DATE:

SALE CLOSING

DATE:

Please print legibly and complete all the sections.

LEASE BEGIN DATE:

| LINIT IN | FORMATION | |
|---------------------------------------|------------------------------------|--------------|
| PROPERTY ADDRESS | IONMATION | MOVE-IN DATE |
| CURRENT OWNER NAME | | CONTACT# |
| | | |
| | T INFORMATION | |
| APPLICANT NAME | C0-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 MARRIE | D() SINGLE() |
| | | |
| | OCCUPANTS RELATIONSHIP | IDOD |
| NAME | RELATIONSHIP | DOB |
| NAME | RELATIONSHIP | DOB |
| NAME | RELATIONSHIP | DOB |
| | 1 | · · |
| REALTOR'S NAME PHONE # | EINFORMATION EMAIL | |
| | | |

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

NOTE: COMMERICAL AND RECREATIONAL VEHICLES ARE PROHIBITED (Please refer to the Association's Declaration of Condominium)

| MAKE | MODEL | COLOR | STATE | TAG# |
|------|-------|-------|-------|------|
| MAKE | MODEL | COLOR | STATE | TAG# |
| | | | | |

PET INFORMATION

(Write none if no pets)

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

Normandy Isles Homeowners' Association, Inc.

ADDENDUM TO LEASE APPLICATION

| THIS ADDENDUM is made between | | ("Landlord") and |
|---|---|--|
| unit: effective thisday of | / | ("tenant(s)") for |
| unit: effective thisday of amend, and modify that certain Lease date | 20and is intend | ded to and shall supplement, |
| amenu, and modify that certain Lease date | ed, in the following respec | 15. |
| 1. Tenant(s) is subject to and shall abic owner is delinquent in any monetary of the tenant to pay to the association the the Association. The demand must be tenant evicted in accordance with Flor due to the unit owner for any amounts. | obligation to the Association, the e future monetary obligations relain writing. If the tenant fails to coid ida Statutes. The unit owner shall | Association can make a demand for ated to the Association unit owed to emply, the Association may have the give the tenant a credit against rent |
| 2. In the event the landlord/owner bed special) or other charges to the Associative tenant shall be obligated to pay the assessments and other charges have be to the Association, the landlord shall not be a second to the Association. | iation, the Association may notify e rent required under the lease to een paid in full. During the period | the tenant. Upon such notification, the Association, until all delinquent of time the tenant is paying the rent |
| LANDLORD: | | |
| Please Print Name | Signature | Date |
| TENANT: | | |
| Please Print Name | Signature | Date |
| TENANT: | | |
| Please Print Name | Signature | Date |



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NORMANDY ISLES HOMEOWNERS' ASSOCIATION, INC. PET REGISTRATION

| Date: | Owner: Tenant: |
|---|--|
| Name of Homeowner(s): | |
| Name of Tenant(s): | |
| Property Address: | |
| Tenant(s) who are applying must attach a cur allow pet(s)/animal(s) are permitted on the pro | rent executed copy of your lease agreement, stating specifically emises. |
| ** | ding service animals. Attach a recent picture of your pet(s), taker ow 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 curr veterinarian within the past thirty (30) days.) | ent certificate of vaccination/health certified by a licensed |
| 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, Conditions and Restrictions and its Rules and Regulations and all state and local laws. Accordingly:
 - 1. 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.
 - 2. Resident agrees 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.
 - 3. Resident shall be responsible for any damage created by a pet/animal to association property.

- 4. 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 immediately, upon notice from association remove the offending pet/animal from the premises.
- 5. 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.
- 6. 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.
- 7. The Resident acknowledges in writing that Resident will comply with the guidelines established by the association regarding pets.
- 8. 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.
- 9. The pet/animal shall not be deemed approved until Resident receives a written confirmation from the association approving same.
- 10. 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 Normandy | / Isles HOA, Inc. | | |

NORMANDY ISLES HOMEOWNERS' ASSOCIATION, INC.

PROSPECTIVE OWNER/LESSEE ACKNOWLEDGEMENT

| The ur | dersigned being a prospective Owner or Lessee of the following Unit No.: and Prope | rty |
|----------|---|------|
| Addres | s:, in Normandy Isles Homeowners' Association, | nc. |
| acknov | ledges that I/We have read, understand, and agree to follow and abide by all the terms and conditions | s of |
| the foll | owing Association Documents: | |
| | Declaration of Covenants Amendments, if any, to the Declaration of Covenants | |
| Dated: | Purchaser/Lessee Signature: | |
| | Purchaser/Lessee Print Name: | |
| Dated: | Purchaser/Lessee Signature: | |
| | Purchaser/Lessee Print Name: | |
| Dated: | Purchaser/Lessee Signature: | |
| | Purchaser/Lessee Print Name: | |

Olive Tree Property Owners Association, Inc.

C/0 G.R.S. MANAGEMENT ASSOCIATES, INC.

3900 Woodlake Blvd •Suite 309•Lake Worth, FL. 33463 Phone (561) 641-8554 • Fax (561) 641-9448 www.GRSmgt.com

TELE-ENTRY INFORMATION

To All Homeowners:

This form is ONLY to add and remove names from the "TELEPHONE ENTRY" box at the Jog Rd gate. This box can be used by your guests who would like access to your home. Instructions on how to use the system are incorporated on the Tele-Entry screen and will also be posted in an effort to have clear instructions.

By following the directions on the screen your guests will be dialing the phone number on record for your residence. When you receive the call, you will need to press "9" on your phone to open the gate.

If you feel the telephone records are NOT accurate and would like to change or update the phone number, please complete the form below and return to GRS Community Management via fax at 561-641-9448 or via email to: residentservices@grsmgt.com.

**********All NAMES ADDED MUST HAVE A NAME TO REMOVE*********

| Name of Primary Resident to be added to tele entry: |
|--|
| Name to remove from tele entry: |
| |
| Phone Number to be input into the Tele-Entry system. It can be your Residence Phone Number; it CAN be a Cell Phone |
| Number and it CAN also be a long-distance number. (Only one (1) phone number per address): |
| |
| |
| |
| |
| Address of Resident (Must be Normandy, Fairway, or Enclave address) |

Olive Tree Property Owners Association

Access Control/Barcode System Registration
Check One: Owner Tenant

Please enter your Personal 4 digit identification #:

This PIN will be used for automated guest Call-in in the near future

| Personal Information: | | Section 1 | | |
|------------------------------|--|--|--------------------------------|--|
| Full Name: | | Spouse's Name: | | |
| Property Address: | | Home Phone: | Cell: | |
| City | State: Zip: | Business: | E-mail: | |
| Name of your Association: | | Emergency Contact Name: | | |
| Emergency Contact Phone#: | | Number of Occupants at Residen | | |
| Automobile Information: | | Access Barcode Information (to | o be completed by Assoc. Mgmt) | |
| Make / Model: | License Plate# | Barcode issued (yes/no) | Barcode # | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Authorized Visitors/ Service | Personnel/ Permanent Gu | uest- List First & Last Name or Co | mnany Name | |
| | er ersonnen i ermanent Gt | | mpany Name | |
| Name: | | ☐ Permanent Guest | | |
| Name: | | Permanent Guest | | |
| Name: | | ☐ Permanent Guest | | |
| Name: | | Permanent Guest | | |
| Name: | | Permanent Guest | | |
| Name: | | ☐ Service Personnel | | |
| Name: | | Service Personnel | | |
| Name: | | Service Personnel | | |
| Name: | | ☐ Service Personnel | | |
| Name: | | ☐ Service Personnel | | |
| Additional residents | | | | |
| 1) | | 2) | | |
| 3) | | 4) | | |
| 5) | | 6) | | |
| Notes/Other Information | en transfer at the real and the first of the second of the | Appendix and the second | | |