CATALINA PROPERTY OWNERS ASSOCIATION, INC.

C/O GRS COMMUNITY MANAGEMENT. 3900 WOODLAKE BLVD., SUITE 309 LAKE WORTH, FL 33463 PHONE (561) 641-8554 / FAX (561) 641-9448

APPLICATION FOR LEASE OR PURCHASE

() \$100 PER APPLICANT cashiers check fee or money order, payable to: GRS Community Management (non-refundable)				
()	\$100 cashiers check or money order application Fee payable to: Catalina Property Owners, Inc. (non-refundable)			
()	Copy of the signed lease or purchase contract attached (Leases may not be for more than 1 year. (No month to month leases)			
()	Copy of driver's license attached			
	Contact: Property Manager: James Scott Daniels E-mail jdaniels@grsmgt.com			

CATALINA PROPERTY OWNERS ASSOCIATION, INC. Circle one Lease or Purchase Application

Please print legibly and complete all the sections LEASE BEGIN DATE: LEASE END DATE: **UNIT INFORMATION** PROPERTY ADDRESS MOVE-IN DATE **CURRENT OWNER NAME** CONTACT# **APPLICANT 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 MARRIED() SINGLE() OTHER OCCUPANTS NAME RELATIONSHIP DOB NAME RELATIONSHIP DOB NAME RELATIONSHIP DOB

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ADDITIONAL INFORMATION EMPLOYMENT HISTORY									
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CITY-STATE-ZIP		CITY-STATE-Z	CITY-STATE-ZIP						
PHONE#		PHONE#							
EMPLOYED FROM:	то:	EMPLOYED FR	ROM:	TO:					
DEPARTMENT OR POSITIO	N	DEPARTMENT	DEPARTMENT OR POSITION						
SUPERVISOR		SUPERVISOR	SUPERVISOR						
MONTHLYINCOME		MONTHLYINCOME							
f you have any recrea	tional vehicles, (vans, boa	CLE INFORMATION ats, motorcycles) ple							
		COLOR	STATE	TAG#					
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