

**WOODWORTH VILLAGE HOA, INC.**

**C/O GRS MANAGEMENT ASSOCIATES, INC.**

**3900 WOODLAKE BLVD., SUITE 309**

**LAKE WORTH, FL 33461**

**PHONE (561) 641-8554 / FAX (561) 641-9448**

**APPLICATION FOR PURCHASE**

- \$200 processing fee, payable to: **GRS Management (non-refundable)**
- Copy of purchase contract
- Copy of driver's license or ID:

**APPROVAL REQUIRED - Application must be delivered to GRS Management Associates corporate office at the above address with all documents requested must be submitted with the application.**

WOODWORTH VILLAGE HOMEOWNERS ASSOCIATION  
PURCHASER INFORMATION FORM

ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER NAME(S):

\_\_\_\_\_  
\_\_\_\_\_

Is this your Primary Residence?  YES  NO is this a second home?  YES  NO

LOCAL PHONE# \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT THAN UNIT): \_\_\_\_\_

\_\_\_\_\_

OUT OF STATE PHONE#: \_\_\_\_\_ OUT OF STATE WORK# \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE: \_\_\_\_\_

~~IS~~ IS UNIT LEASED?  YES  NO

TENANT NAMES (S): \_\_\_\_\_

TENANT HOME #: \_\_\_\_\_ WORK#: \_\_\_\_\_ CELL#: \_\_\_\_\_

LEASE DATES FROM/TO: \_\_\_\_\_

INCLUDE COPY OF THE SALES CONTRACT:

LIST OTHER OCCUPANTS:

NAME	AGE	RELATIONSHIP
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1) \_\_\_\_\_

2) \_\_\_\_\_

VEHICLES IDENTIFICATION:

MAKE	MODEL	YEAR	COLOR	LICENSE#	STATE
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1) \_\_\_\_\_

2) \_\_\_\_\_

OWNER NAME(S):

\_\_\_\_\_

\_\_\_\_\_

ATTACH A COPY OF YOUR DRIVER'S LICENSE FOR EACH OCCUPANT:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date