

FAIRWAY CLUB CONDOMINIUM "B" ASSOCIATION, INC.

c/o GRS Community Management

3900 Woodlake Blvd., Suite 309

Lake Worth, FL 33463

Phone: 561-641-8554, Fax: 561-641-9448

Email: residentservices@grsmgt.com

APPLICATION FOR LEASE OR PURCHASE

- () \$150 Application processing fee per applicant, payable to: GRS Community Management (non-refundable) Cashier's Check or Money Order ONLY.
- () Copy of Driver's License or ID for all applicants 18 years or older.
- () Copy of the Lease or Purchase contract.

Realtor Name: _____ Phone: _____

Realtor Email: _____

APPROVAL REQUIRED – Complete application must be delivered to the GRS Community Management office at the above address and all documents must be submitted with the application.

INSTRUCTIONS FOR APPLICATION FOR LEASE OR SALE

If approval is given, on the purchase of the unit, the Association will furnish the proper written approval form to the designated party. Should the application be for a purchase, the designated party then agrees to furnish a copy of the WARRANTY DEED, along with the buyers' LEGAL MAILING ADDRESS and telephone number, to the Management Company, immediately following the close of the sale. The Management Company will not amend their records, recording a new owner without said Warranty Deed.

It is the Sellers' obligation to furnish the following to the buyer:

- a. A full set of current Documents and the Rules & Regulations.
- b. Keys to the unit, mailbox, community gates, access device to security gates, pool tags.

It is the Lessors' obligation to furnish the following to the Lessees:

- a. A current copy of the Documents & Rules and Regulations.
- b. Keys to the unit, mailbox, community gates, access device to security gates, pool tags.
- c. It is the Lessors' obligation to keep the Lessees advised of any change in rules & regulations or other community information applicable to the Lessee during the term of the lease.

It is the unit owners' obligation to insure that correct mailing addresses and telephone numbers are kept up to date with the Management Company.

Homeowner fees are due monthly, in advance, on the 1st days of each month. Coupons will be mailed to you as a courtesy at the end of each year for the following year. It is your responsibility to pay these fees even if coupons are not received. If you do not receive the coupons, please contact **GRS Community Management @ 641-8554** and a new set will be mailed to you.

FAIRWAY CLUB CONDOMINIUM ASSOCIATION "B", INC.
C/O GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD, SUITE 309
LAKE WORTH, FL 33463
PHONE 561 641 8554
FAX 561 641 9448

TO ALL NEW OWNERS
FROM THE BOARD OF DIRECTORS
RE: HOMEOWNERS FEES

.....
Please be advised that as a new owner a Fairway Club Condominium Association "B". Inc. you are now a member of the Condominium Association. This memorandum is to advise you of your responsibilities as a member of the Association.

First and foremost, as a member of the Association you are agreeing to abide by the Associations documents as recorded in the Palm Beach County Official Records. If you have not received a copy of these documents from the seller of your unit, they are available to you from the GRS COMMUNITY MANAGEMENT @ 561-641-8554 for a fee of \$75.00

There are a few general items contained in these documents that we would like to point out to you. On the date of your closing, you should make sure that:

- A) Your title company has verified that the homeowners fees on your unit have Been paid. These fees are a lien against your unit, and you could be responsible if they are outstanding.
- B) Your title company has forwarded a copy of your warranty deed to GRS Community Management. This must be done in order for the unit to be transferred to your name in the official records of the Association, The Management Company WILL NOT change the name on the official records without receiving this information, which in turn could hold up any correspondence concerning Association matters from reaching you.
- C) Homeowners fee are due MONTHLY, in advance, on the 1st day of each Month. Coupon books will be mailed to you as a courtesy at the end of each yearns for the following year. It is your responsibility to pay these fees even if a coupon book is not received. If you do not receive a coupon book, please contact GRS COMMUNITY MANAGEMENT @ 641 8554 and a new set will be mailed to you.

Should you have any questions concerning the Condominium Association, please fell free to contact GRS COMMUNITY MANAGEMENT@ 641 8554 and they will be happy to assist you.

LEASE/RESALE APPLICATION

Date: _____ Date of Occupancy: _____

Name: _____ Date of Birth _____ Soc Sec# _____

Spouse or Co-applicant: _____ Date of birth _____ Soc Sec# _____

() Single () Married

Number of people who will occupy Unit (adults) _____

In case of Emergency notify: _____ Phone: _____

Please print Part 1 **Residence History 5 years minimum**

A. Present address: _____ Phone#: _____

Email address _____ Apt or Condo name: _____ Phone#: _____

Date of residency: _____ Landlord or mortgage _____ Phone#: _____

B Previous Address: _____ Phone#: _____

Apt or Condo Name: _____ Phone#: _____

Date of residency _____ Landlord or Mortgage _____ Phone#: _____

PART 2 EMPLOYMENT & BANK REFERENCES

A. Employed by: _____ Phone# _____ How Long _____

Position: _____ Address: _____

B. Spouses or Co-applicant Employment _____ Phone#: _____

How Long _____ Position _____ Address _____

C. Bank Reference: _____ Phone#: _____

How Long _____ () checking () savings

Address: _____

D. Bank Reference: _____ Phone#: _____

How Long _____ () checking () savings

(PLEASE PRINT) PART 3- CHARACTER REFERENCES

1. _____

RES PHONE # _____ BUS PHONE# _____

ADDRESS: _____

2. _____

RES PHONE# _____ BUS PHONE# _____

ADDRESS: _____

3. _____

RES PHONE # _____ BUS PHONE# _____

NUMBER OF CARS (TO BE PARKED HERE) _____

DRIVER'S LIC# _____ STATE _____

OTHER PERSONS WHO WILL OCCUPY THE UNIT WITH YOU:

NAME	AGE	RELATIONSHIP
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NAME	AGE	RELATIONSHIP
------	-----	--------------

NAME	AGE	RELATIONSHIP
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IF THIS APPLICATION IS NOT LEGIBLE OR IS NOT COMPLETELY AND ACCURATELY FILLED OUT, GRS COMMUNITY MANAGEMENT AND THE ASSOCIATION WILL NOT BE LIABLE OR RESPONSIBLE FOR ANY INACCURATE INFORMATION IN THE INVESTIGATION AND RELATED REPORT TO THE ASSOCIATION CAUSED BY SUCH OMISSIONS OR ILLEGIBILITY.

BY SIGNING THE APPLICANT RECOGNIZES THAT THE ASSOCIATION OR THEIR AGENT, GRS COMMUNITY MANAGEMENT, MAY INVESTIGATE THE INFORMATION SUPPLIED BY THE APPLICANT AND A FULL DISCLOSURE OF PERTINENT FACTS MAY BE MADE TO THE ASSOCIATION THE INVESTIGATION MAY BE MADE OF THE APPLICANTS CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING AS APPLICABLE.

SIGNATURE _____ SIGNATURE _____

FAIRWAY CLUB "B" CONDOMINIUM ASSOCIATION, INC.

AGE VERIFICATION CERTIFICATE

The following information must be furnished by the owner or owners of each residence so that the Association may monitor the percentage of residences occupied by at least one person 55 years of age or older in order to preserve the status of Fairway Club "B" Condominium Association, Inc. as a community of housing for older persons in accordance with The Fairway Club "B" documents and the Federal Fair Housing Act.

Lot# _____ Address _____

1. Name _____
Date of Birth _____

2. Name _____
Date of Birth _____

Occupant(s) {Include owner(s) above if occupant(s)}

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

The undersigned certify that the above information is true and correct and that within fifteen (15) days after any changes thereof the undersigned will notify the Board of Directors of Fairway Club "B" Condominium Association, Inc. of such change in writing.

Owner

Owner

Owner

Date _____

PLEASE RETURN THIS FORM TO:
GRS COMMUNITY MANAGEMENT
3900 Woodlake Blvd, Suite 309
Lake Worth, FL 33463

INSTRUCTIONS FOR APPLICATION FOR LEASE OR SALE
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I UNDERSTAND THE REQUIREMENTS AND OBLIGATIONS, AS SET FORTH ABOVE,
AND AGREE TO COMPLY WITH SAME.

OWNER: _____ DATE: _____

OWNER: _____ DATE: _____

BUYER: _____ DATE: _____

BUYER: _____ DATE: _____

LESSEE: _____ DATE: _____

LESSEE: _____ DATE: _____

APPLICAT.L&S

FAIRWAY "B"

CONDOMINIUM ASSOCIATION

RE: Application for FAIRWAY "B" and LUCERNE POINTE

TO: Fairway "B" Board of Directors
Lucerne Pointe Recreation Association

FROM: _____
(Name of Unit Owner selling/leasing Unit)

This will introduce _____, who
has purchased/leased the following Unit as of _____,
with a Lease-expiration date of _____, Building
No. _____ Unit No. _____

ADDRESS: _____
City _____ State _____ Zip Code _____

TELEPHONE: _____

Upon acceptance by the Board of Directors, please issue the proper approval documents
and I. D. Cards.

Unit Owner

TO ALL NEW RESIDENTS:

**WE REQUEST ALL NEW RESIDENTS TO BREAK DOWN ALL CARTONS AND
PLACÉ THEM INSIDE A DUMPSTER. THE WASTE MANAGEMENT COMPANY
DOES NOT PICK UP ITEMS THAT ARE PLACED OUTSIDE THE DUMPSTER.**

New Resident

FAIRWAY CLUB CONDOMINIUM ASSOCIATES, INC.

Name: _____

Address: _____

Local phone # _____ Out of Town # _____

Your Alternate (out of town) Mailing address:

Emergency Contact:(local or out of state)
Name: _____ Phone number: _____

In emergency does the association have a key to your unit: Yes ___ No ___
IF NOT PLEASE GIVE A KEY TO YOUR BUILDING PRESIDENT.

Does your unit have an alarm? If so alarm code: _____

Who has a key to your unit: Name _____
Address _____
Phone Number _____

Do you have a house sitter? Yes _____ No _____
If yes, please provide: Name _____ Phone# _____

Do you lease unit? Yes ___ No ___ If so please provide their Name and
phone number. _____

What is your original assigned parking lot number _____

IF NOT KNOWN SPEAK TO YOUR BUILDING PRESIDENT.

How many cars do you regularly park in our lots? _____

Please supply us with any further information you may want us to keep on
record. _____

PLEASE PRINT ALL INFORMATION.
Please return form to GRS COMMUNITY MANAGEMENT.
561-641-8554 ~ fax 641-9448

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 it's 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