



3900 Woodlake Blvd. Suite 309, Lake Worth, FL 33463

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

WWW.GRSMGT.COM

Fairway Club Condominium "D" Association, Inc.

Application for Purchase and/or Lease

Please Circle: Purchase or Lease

Property Address: _____

Move in/Lease Date: _____

Application Checklist

___ \$150.00 Non-refundable processing fee made payable to GRS Community Management.
Cashier's Check or Money order only.

___ Copy of executed Purchase and/or Lease Application.

___ Copies of Drivers Licenses.

___ Copies of all current car registrations.

___ Pet Registration.

___ All forms completed in full.

___ Reviewed and Abide by the Rules and Regulations of the Association

Sign: _____ Date: _____

FAIRWAY CLUB CONDOMINIUM "D" ASSOCIATION, INC.

GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD, SUITE 309
LAKE WORTH, FL 33463

55 & OVER COMMUNITY

APPLICANT MUST SUBMIT the following:

- Application Fee of \$150 made payable to: GRS Community Management **(Certified check, money order or personal check only)**
- Copy of driver's licenses or ID and copy of your sales or lease contract.
- Signed applicant authorization for credit and background check for each applicant 18 yr. old and over.

BACKGROUND CHECK AND APPROVAL IS REQUIRED.

**IF NEEDED HOMEOWNERS DOCUMENTS FEES
are \$75 Cashier Check, money order or personal
check payable to: GRS COMMUNITY MANGEMENT**

FAIRWAY CLUB CONDOMINIUM "D" ASSOCIATION, INC
G.R.S. COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH, FL 33463
PHONE 561 641 8554
FAX 561 641 9448

INSTRUCTIONS FOR APPLICATION FOR LEASE OR SALE

1. Complete every line/blank on the attached documents. All questions must be answered. All blanks completed. Should the question not apply, answer "N/A". PRINT COMPLETE mailing addresses, including zip codes. IF THIS APPLICATION IS NOT LEGIBLE OR IS NOT COMPLETELY AND ACCURATELY FILLED OUT, MANAGEMENT COMPANY, ASSOCIATION, AND/OR OWNERS WILL NOT BE RESPONSIBLE/LIABLE FOR ANY INACCURATE INFORMATION IN THE INVESTIGATION AND RELATED REPORT CAUSED BY OMISSION OR ILLEGIBILITY.
2. A non-refundable application fee of \$100.00 EACH must accompany EACH Application (per unrelated applicant).
3. Return the attached forms to GRS Community Management at the address listed at the top of This form, along with a copy of the sale or lease agreement
4. The references listed on the application must be thoroughly investigated, prior to any meeting with the interview committee. The association has thirty (30) days from the receipt of a valid and completed set of responses to the association's inquiries in which to give their decision.
5. Prior to final approval, all applicants must be interviewed. The Board of Directors normally gives management their decision within twenty-four (24) Hours following the interview.
6. Should the unit have funds owing the association, an application for lease or sale Will not be considered a valid one; until such time as all balances due the Association have been satisfied or arrangements for payment have been made. Such funds are not deemed paid in full until all checks have cleared the bank. Please allow additional time for all out of the area checks to clear, before requesting an interview. The association as thirty (30) days from the time of full Satisfaction of all balances owing in which to interview the applicant and give their decision.

INSTRUCTIONS FOR APPLICATION FOR LEASE OR SALE
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7. 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.
8. 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.
9. 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.
10. It is the unit owners' obligation to insure that correct mailing addresses and telephone numbers are kept up to date with the Management Company.
11. 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 Management @ 641-8554 and a new set will be mailed to you.
12. In order to occupy a unit, you must be 55 years old or older.

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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 "D". 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 @ 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.

INSTRUCTIONS FOR APPLICATION FOR LEASE OR SALE
PAGE THREE

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

Application for Occupancy

Current Owner Name: _____ Phone: _____

Current Owner Address: _____

Applicant #1 Name: _____ Applicant #1 DOB: _____

Applicant #1 Phone: _____ Applicant #1 Email: _____

Social Security Number: _____ Drivers License #: _____

Applicant #2 Name: _____ Applicant #2 DOB: _____

Applicant #2 Phone: _____ Applicant #2 Email: _____

Social Security Number: _____ Drivers License #: _____

Number of occupants: _____ Adults: _____ Children under age of 18: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Resident History

1. Present Address (include unit/apt #'s): _____

City: _____ State: _____ Association Name: _____

Dates of Residency: From _____ To _____ Circle one: Own or Rent

1. Previous Address (include unit/apt #'s): _____

City: _____ State: _____ Association Name: _____

Dates of Residency: From _____ To _____ Circle one: Own or Rent

Employment References

1. Employer: _____ Phone: _____

Dates of Employment: From _____ To _____ Position: _____

Monthly Gross Income: _____ Address: _____

2. Spouse Employer: _____ Phone: _____

Dates of Employment: From _____ To _____ Position: _____

Monthly Gross Income: _____ Address: _____

Realtor Information (if applicable)

Name: _____ Phone: _____

Company: _____ Email: _____

If this application is not legible or is not completely and accurately filled out, 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 will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____



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Fairway Club Condominium "D" Association, Inc.

Vehicle Registration Form

To ensure all residents have appropriate parking space, please fill out completely.
If any information changes, inform your Property Management Office.

Resident Name: _____ Phone: _____

Resident Name: _____ Phone: _____

Address: _____ Status: Please circle: Owner or Renter

Assigned Parking Space #: _____ Number of vehicles parked on premises: _____

Car Information

1. _____

Make _____ Model _____ Color _____

Year _____ License Plate Number _____

2. _____

Make _____ Model _____ Color _____

Year _____ License Plate Number _____

Name: _____ Date: _____

Signature: _____

Name: _____ Date: _____

Signature: _____



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Lucerne Pointe Condominium "C" Association, Inc.

Pet Registration Form

Unit #: _____ Address : _____

Name : _____ Phone: _____

Pet Type: _____ Breed: _____

Weight: _____ Color: _____ Age: _____

Rules and Regulations:

NO PETS ALLOWED

I have read and agree to the rules and regulations regarding pets.

Pet Owner: _____ Date: _____

Pet Owner: _____ Date: _____

**Attach picture of your pet to this form.

AUTHORIZATION FILE DISCLOSURE

APPLICANT 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 Solutions, Inc. and its 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**

Fairway "D"

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 "D" as a community of housing for older persons in accordance with Fairway "D" documents and the Federal Fair Housing Act.

Lot# _____ Address _____

Owner's Name _____ Date of Birth _____

Owner's Name _____ Date of Birth _____

Occupant(s) include owner(s) above if occupant(s) of unit:

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 such change in writing

Owner

Owner

Owner

Date _____

*****Please provide valid copy of driver's license or ID's for all occupants**

Building No. _____ Unit No. _____

OTHER PERSONS WHO WILL OCCUPY THE UNIT WITH YOU:

Name	Age	Relationship

FAIRWAY "D"
CONDOMINIUM ASSOCIATION

RE: Application for FAIRWAY "D" and LUCERNE POINTE

TO: Fairway "D" 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.

FAIRWAY "D"
CONDOMINIUM ASSOCIATION

RE: Application for FAIRWAY "D" and LUCERNE POINTE

TO: Fairway "D" 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 PLACE 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