



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

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

WWW.GRSMGT.COM

Fairway Club Condominium "P" 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 “P” ASSOCIATION, INC.

GRS COMMUNITY MANAGEMENT, INC.
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 COMPLETED MAILING ADDRESSES, INCLUDING ZIP CODE. 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 \$50.00 EACH must accompany EACH Application (per unrelated applicant) to FAIRWAY CLUB CONDO “P”
3. A non-refundable administration fee of \$100.00 to GRS COMMUNITY MANAGEMENT.
4. Return the attached forms to GRS Community Management at the address listed at the top of this form, along with copy of SALE or LEASE AGREEMENT.
5. 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.
6. 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.
7. Should the unit have funds owing the association, an application for lease or sale WILL NOT be considered a valid one; unit 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 has thirty (30) days from the time of full Satisfaction of all balances owing in which to interview the applicant and give their decision.
8. If approval is given, on the purchase of the unit, the Association will furnish the property written approval from 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 to close of the sale. The Management Company will not amend their records, recording a new owner without said WARRANTY DEED.
9. 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.

INSTRUCTIONS FOR APPLICATION FOR LEASE OR SALE
PAGE TWO

10. 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.
11. It is the unit owners' obligation to insure that correct mailing addresses and telephone numbers are kept up to date with the Management Company.
12. 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 at (561) 641-8554 and a new set will be mailed to you.

FAIRWAY CLUB CONDO "P" ASSOCIATION, INC.

GRS Community Management
3900 Woodlake Blvd. Ste. 309
Lake Worth, FL 33463
Ph. 561-641-8554 Fax 561-641-9448

*This form **must** be filled out.*

Property Address _____

Circle one: **SALE** or **LEASE**, If Lease ***Date of occupancy*** From: _____ To: _____

Realtor's Name _____

Email address _____ Phone # _____

Applicant #1 _____

Date of Birth _____ Social Security # _____

ID # (Driver's License or passport) _____

Non-U.S. Residents TIN # _____ Passport _____

Phone # _____ Email address _____

MARITAL STATUS: Married () Separated () Divorced () Single ()

Applicant #2 (Spouse or co-applicant) _____

Date of Birth _____ Social Security # _____

ID # (Driver's License or passport) _____

Non-U.S. Residents TIN # _____ Passport _____

Phone # _____ Email address _____

Number of people who will occupy unit: _____

****COMPLETE NEXT PAGE FOR ADDITIONAL PERSONS WHO WILL OCCUPY THE RESIDENCE****

Name all persons who will occupy the residence

NOTE: if over the age of 18 **MUST** provide with Date of Birth and Social Security Number

NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY

NOTE: All applicants and persons over 18 **MUST** provide with copy of Driver's License or Passport.

VEHICLES

Make: _____ Model: _____
Tag: _____ State: _____

Make: _____ Model: _____
Tag: _____ State: _____

RESIDENCE HISTORY

Present Address: _____

City: _____ State: _____ ZIP: _____

Own () or Rent () Years: _____

Name of Landlord: _____ Phone: _____

Previous address (if less than 5 years at present address)

Present Address: _____

City: _____ State: _____ ZIP: _____

Own () or Rent () Years: _____

Name of Landlord: _____ Phone: _____



3900 Woodlake Blvd. Suite 309, Lake Worth, FL 33463
Phone: 561-641-8554 Fax: 561-641-9448
WWW.GRSMGT.COM

Fairway Club Condominium "P" Association, Inc.

Pet Registration Form

Unit #: _____ Address : _____

Name : _____ Phone: _____

Pet Type: _____ Breed: _____

Weight: _____ Color: _____ Age: _____

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.

INSTRUCTIONS FOR APPLICATION FOR LEASE OR SALE

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: _____

**GRS COMMUNITY MANAGEMENT
AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE AND
EMPLOYMENT INFORMATION**

I have named you as reference on my application for residency.

You are hereby authorized to release and give to the below part(s) or their attorney or representative, any and all information they request concerning my Banking, Credit, Residence, and employment in reference with my/our application made for residency.

DESIGNATED PARTY; **GRS COMMUNITY MANAGEMENT**

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s)

Photocopies of this authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

APPLICANTS SIGNATURE

SPOUSE SIGNATURE

APPLICANTS NAME PRINTED

SPOUSE NAME PRINTED

DATE: _____

DATE: _____

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

ASSOCIATION NAME: FAIRWAY CLUB CONDO "P" 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 as a community considered "Housing For Older Person" in accordance with the association's documents and the Federal Fair Housing Act.

Lot # _____

Address: _____
(Street Name & Number)

Owner's Name: _____ Date of Birth _____

Owner's Name: _____ Date of Birth _____

Occupants(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 DRIVERS LICENSE *****

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: _____

Local Phone # _____ **E-Mail:** _____

DO YOU HAVE A HOUSE SITTER? YES _____ NO _____

If YES, please provide: **NAME:** _____ **PHONE:** _____

DO YOU LEASE YOUR UNIT? YES _____ NO _____

If YES, please provide: **NAME:** _____ **PHONE:** _____

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 records:
