Pine Ridge at Delray Condominium Association, Inc.
C/O G.R.S. Management Associates Inc.
3900 Woodlake Blvd. Suite 309
Lake Worth, FL 33463
561.641.8554

PROCEDURE TO OBTAIN REQUIRED ASSOCIATION LEASE APPROVAL

The Association's relationship is with the owner of record. When the owner leases his/her home and the lease inception date has been set, the owner is to notify us. To obtain the required approval please send us:

1. A copy of the Lease or its equivalent. Copies of current vehicle registration and proof of valid insurance.
2. This application, an application for approval, and authorization forms must be completed in detail by each proposed adult occupant of the home, other than the purchasers spouse, parent, or dependent child. If any information is left blank, the application will be returned to the agent not processed and unapproved.
3. A non-refundable check or money order in the amount of $50.00 per application must be made payable to Pine Ridge at Delray Condominium Association Inc. and attached to the application. Acceptance of processing fee does not in any way constitute approval of the lease. A non-refundable check or money order in the amount of $50.00 per application must be made payable to GRS Management Associates, Inc.
4. **The completed application must be submitted to G.R.S. Management Associates Inc. at least 30 days prior to the proposed move in date. If not you MUST reschedule your move in date.**
5. All applicants and proposed residents must make themselves available for a personal interview and orientation that is conducted at the Association clubhouse. Please be advised that the interview scheduling process may take up to 25 days to facilitate.
6. The owner is to provide the buyer with the keys to the mailbox and recreation areas at the time of approval.
7. Any violations on the property to be purchased must be corrected before the interview/orientation will be scheduled.
8. The approval document will be kept with the Association records at GRS Management.
9. The homeowner documents require that the owner take these steps in a timely manner. Should the owner choose to delegate this responsibility he or she needs to understand that the ultimate obligation rests with him/her.
10. The owner is obligated to provide the lessee, prior to approval, a full set of Condominium documents as the lessee will sign on our approval that he had received same and agrees to abide by them.
11. In order to assist us please send the completed application, contract and where to send the approval, <u>at one time together to the address at the top of this form.</u>

ALL PROSPECTIVE APPLICANTS AGE 18 AND OLDER MUST HAVE A MINIMUM CREDIT SCORE OF 650 BASED UPON THE CRITERIA SELECTED BY THE COMPANY USED BY THE ASSOCIATION FOR BACKGROUND CHECKS. ALL APPLICANTS MUST HAVE A CLEAR CRIMINAL RECORD TO BE CONSIDERED.

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AFFIDAVIT OF LEASE RESTRICTION

STATE OF FLORIDA]
] SS
COUNTY OF PALM BEACH]

BEFORE ME, the undersigned authority, personally appeared_____

and _____ who after first being duly sworn, depose(s) and says:

That (he) (she) (they) have been notified that should the unit or any portion therein be leased to any individual other than the owner of record, that the owner of record shall submit an application for lease for approval with the Association a minimum of thirty (30) days **PRIOR** to the date that tenancy begins. Tenancy shall NOT begin before approval is issued.

That (I) (we) understand and agree that in the event that should any tenant or guest become a nuisance to the community in general that the Association has the rights to evict the tenant and that (I) (we) as the owner of record are responsible for any and all legal fees arising from the eviction of said tenant(s).

That (I) (we) understand and agree that (my) (our) tenants will make no alterations, additions or changes of any kind to the lawns, trees or the exterior of the Condominium without first having received written approval from the owner of record which will then be submitted to the Board of Directors for consideration.

That (I) (we) understand that in the event that we shall rent or lease our unit or any part thereof that (I) (we) will at all times be responsible for the actions of our tenants and further, that we will cooperate and join with the Association in any enforcement action arising out of non-compliance with the governing documents.

Further affiant sayeth naught.

_____	_____
Unit Owner	Applicant of Tenancy
_____	_____
Unit Owner	Applicant of Tenancy

Sworn to and subscribed before me this _____day of_____, 20_____by

_____and _____ who (is)

(are) personally known to me or who have produced _____as identification.

_____
Notary Public State of Florida at Large

_____
Printed Name of Notary Public

My Commission Expires:

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Lessee Information

Lessees name as will appear on the Contract:_____

Additional name on Contract as it will appear:_____

Current Address:_____

City, State, Zip:_____

Home phone:_____ Cell:_____ Work:_____

Applicants Drivers License	Secondary Applicants Drivers License

You must submit copies of valid drivers licenses registrations and insurance.

Name all persons who will occupy the residence		
Name	Relationship	Age

Has the applicant or any person who will occupy the residence been convicted of any crimes? Yes_____ No_____

If the answer to the question above is yes, please attach a separate sheet explaining in detail the nature and disposition of the conviction.

Property Information

Physical address of Unit:_____

Lease start date:_____

Owner's name:_____

Owner's
Address:_____

City, State, Zip:_____

Owner's Phone Number:_____

Lessee Realtor Information

Name of Agency	
Name of Agent	
Agency Phone Number	
Agency Fax Number	
Agent's Cell Number	

Residential History (5 year minimum)

Present Address	
City, State, Zip	
Landlord or Mortgage Company Name	
Contact Person	
Contact Persons Phone Number	
Dates of Residency (Begin/End)	

Previous Address	
City, State, Zip	
Landlord or Mortgage Company Name	
Contact Person	
Contact Persons Phone Number	
Dates of Residency (Begin/End)	

Previous Address	
City, State, Zip	
Landlord or Mortgage Company Name	
Contact Person	
Contact Persons Phone Number	
Dates of Residency (Begin/End)	

Applicants Employment

Present Employer	
Address	
City, State, Zip	
Contact Person	
Contact Persons Phone Number	
How long have you worked there?	
What is your approximate monthly income?	

Spouses Employment

Present Employer	
Address	
City, State, Zip	
Contact Person	
Contact Persons Phone Number	
How long have you worked there?	
What is your approximate monthly income?	

Bank Reference

Name of Bank	
Address	
City, State, Zip	
Contact Person	
Contact Persons Phone Number	
How long have you had the account?	

Character References (List Three)

Name	
Address	
City, State, Zip	
Contact Person	
Contact Persons Phone Number	
How long have you known this person?	
What is your relationship to this person?	

Name	
Address	
City, State, Zip	
Contact Person	
Contact Persons Phone Number	
How long have you known this person?	
What is your relationship to this person?	

Name	
Address	
City, State, Zip	
Contact Person	
Contact Persons Phone Number	
How long have you known this person?	
What is your relationship to this person?	

Vehicle Information

As a lessee of the Association, the applicant agrees to abide by the current parking program that is instituted by the Board of Directors of the Pine Ridge at Delray Condominium Association. The applicant further agrees that the Association may from time to time alter the current parking program with notice to the membership and that the applicant shall comply with any and all alterations made to the parking program in the future in perpetuity.

	Vehicle Make	Vehicle Model	Year	Tag Number	State of Registration
Vehicle 1					
Vehicle 2					
Vehicle 3					
Vehicle 4					
Vehicle 5					

Towing Information

Pine Ridge at Delray Condominium Association Inc. has contracted with a towing company to provide towing services in the development. Should **ANY** vehicle be found to be parked in an area not designated by the Board of Directors as an approved parking area, that vehicle will be towed at the owners expense. The applicant understands that the parking program that is instituted by the Pine Ridge of Delray Condominium Association is in place to promote the good and welfare of the community and agrees to be bound by said program.

_____

Applicants Signature and Date

_____

Applicants Signature and Date

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Pet Registration Affidavit

I (we) understand that the governing documents of the Pine Ridge at Delray Condominium Association, Inc. allow for me to keep only ONE cat or dog as a pet in my unit.

I attest to the following:

☐ **I do not currently have a pet. Should I ever obtain a pet, I will submit proof from my veterinarians office that the weight of my pet will not exceed 25 pounds at maturity. Additionally I will submit a copy of all required vaccination records to the Association PRIOR to the pets residency in my unit. Additionally I will provide a picture of the pet to the Association for record and identification purposes.**

☐ **I have a pet cat and I am submitting to the Association a certificate from my veterinarian as proof that my cat has had its required shots and that my cat will not exceed the 25 pound weight limit provided in the governing documents.**

☐ **I have a pet dog and I am submitting to the Association a certificate from my veterinarian as proof that my dog has had its required shots and that my dog will not exceed the 25 pound weight limit provided in the governing documents. I am also submitting a photograph of my pet for record and identification purposes.**

_____ _____
Applicant Signature Date

Sworn to and subscribed before me this _____day of_____, 20_____by

_____and _____ who (is)

(are) personally known to me or who have produced _____as identification.

_____
Notary Public State of Florida at Large

_____
Printed Name of Notary Public My Commission Expires:

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Abridged Rules of Pine Ridge at Delray Condominium Association, Inc.

For the complete set of rules please reference the official Rules and Regulations of the **Pine Ridge at Delray Condominium Association, Inc.**

1. Motorcycles, Boats, motorhomes, and commercial trucks or vans are not permitted to be parked overnight on the property. All pickup trucks that are used as passenger vehicles must have covered beds.
2. Exterior views of window treatments must be white or light earth tones and cannot be bed sheets or similar material.
3. Absolutely no items may be stored in the common areas and entryway of the buildings. Items left in the entry ways will be disposed of by the Association. (including plants and shoes)
4. Owners and tenants are responsible for the behavior of their guests. You must inform all guests of the rules especially for parking and the use of the clubhouse and pool.
5. All pets that are outside must be on a leash at all times. You must pick up after your pets. Failure to do so will result in the Association seeking removal of the pet from the property.
6. You may only have ONE cat or dog as a pet residing in the Condo and it may not exceed 25 pounds at maturity.
7. You may own a charcoal based portable grill that you may use in the common areas. The grill cannot be stored or used on your patio. (Per Palm Beach County Fire Inspections)

_____
Signature of Applicant and Date

_____
Signature of Applicant and Date

Consent to Background Investigation and Release of Liability

I (we) understand that the Association of the Pine Ridge at Delray Condominium may cause to be instituted an investigation of my background as the Association may deem necessary. Accordingly, I (we) specifically authorize the Association or G.R.S. Management Associates Inc. to make such an investigation and agree that the information contained in this and the attached application may be used in such an investigation and that the Board of Directors, Officers, Screening Committee, and G.R.S. Management Associates Inc. shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors or its authorized agents.

In making the foregoing application, I (we) am (are) aware that the decision of Pine Ridge at Delray Condominium Association Inc. will be final and no reason will be given for action taken by the Association. I (we) agree to be governed by the determination of the Association.

Applicant(s) Name	Applicant(s) Social Security	Applicant(S) Birthdate	Applicant(S) Authorization

Sworn to and subscribed before me this _____day of_____, 20_____by

_____and _____ who (is)

(are) personally known to me or who have produced _____as identification.

_____
Notary Public State of Florida at Large

_____
Printed Name of Notary Public

My Commission Expires: