

Summit Run Homeowner's Association, Inc.
Additional Occupant Application

Owners Name	
Summit Run Address	
Contact Number	
Additional Occupant Name	
Social Security Number	
Driver License Number	
Contact Number	
Employer	
Employer Contact Number	
Vehicle Year and Make	
Vehicle Color	
Vehicle License Plate	
Current Address Line 1	
Current Address Line 2	
Current Address Line 3	

HAVE YOU EVER BEEN ARRESTED FOR ANY MISDEMEANOR OR FELONY OFFENSE?

IF YES PLEASE EXPLAIN:

Occupant is subject to and shall abide by all Covenants, Restrictions, and Rules and Regulations as set forth in the the Governing Documents of the Association.

I (we) understand that the Board of Directors of the Summit Run Homeowners Association, Inc. may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I (we) specifically authorize the Board of Directors 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, 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 Summit Run Homeowners Association Inc will be final and no reason will be given for action taken by the Board of Directors. I (we) agree to be governed by the determination of the Board of Directors.

Signature of Unit Owner

Signature of Applicant Occupant

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:

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