

VERANDA GARDENS

HOMEOWNERS ASSOCIATION, INC.

APPLICATION FOR LEASE/TENANCY

Please submit the Following items to the Association in order to process your application. Please note that incomplete submissions will be returned **UNPROCESSED** and may result in a delay in your finalization of approval.

COMPLETED APPLICATION

APPLICATION PROCESSING FEE: \$100.00 – CHECK OR MONEY ORDER MADE
PAYABLE TO GRS MANAGEMENT ASSOCIATES
APPLICATION PROCESSING FEE \$50.00 – CHECK OR MONEY ORDER MADE
PAYABLE TO VERANDA GARDENS HOA

COPY OF LEASE CONTRACT REQUIRED

Send Completed Package to:

GRS Management Associates, Inc.
C/O Application Processing
3900 Woodlake Blvd Suite 309
Lake Worth, FL 33463

IF ASSOCIATION DOCUMENTS ARE NEEDED, THEY CAN BE DOWNLOADED FROM
THE ASSOCIATION WEB PAGE LOCATED ON THE GRS MANAGEMENT WEBSITE.

(www.grsmgt.com)

VERANDA GARDENS

HOMEOWNERS ASSOCIATION, INC.

Managing a Successful Lease

AT FINALIZATION:

Be sure that the tenants receive:

- Keys to the mailbox (located at clubhouse)
- 2 Key Fobs for amenity access
- Copy of Governing Documents for Veranda Gardens (if applicable)

AFTER FINALIZATION:

- Tenant(s) will need to reach out to the Community Manager to update their key fobs for amenity access as well as their information for Gate Entry.
- Tenant(s) will need to purchase RFID tags for each vehicle that they register with the Association. The cost is \$25.00 per tag. (Check or money order only made payable to Veranda Gardens HOA, we cannot accept cash)

The Association office is located in the Community Clubhouse at 238 SE Veranda Gardens Blvd, Port St Lucie, FL, 34986. Current office hours can be obtained by reaching out to the Community Manager at 561.578.8151.

VERANDA GARDENS

HOMEOWNERS ASSOCIATION, INC.

LEASE APPLICATION

Property Information:

Address: _____

Lot No.: _____ Unit Owner: _____

Proposed Occupancy Dates: _____

Applicant Information:

Name: _____ Date of Birth: _____

Social Security No.: _____ Marital Status: _____

Driver's License No.: _____ Phone No.: _____

Spouse or Other Occupant: _____ Date of Birth: _____

Social Security No.: _____ Marital Status: _____

Driver's License No.: _____ Phone No.: _____

(ATTACH A COPY OF A DRIVER'S LICENSE FOR ALL OCCUPANTS)

Number of people who will occupy unit: Adults _____ Children _____

Description of Pets, if any:

Residence History:

Current Address: _____

Current Phone No.: _____

Landlord / Mortgage Name: _____

Address: _____



GRS Management Associates, Inc.
3900 Woodlake Blvd., Suite 309
Lake Worth, FL 33463

(T) 561.641.8554
(F) 561.641.9448
www.grsmgt.com

Community Manager
Mathew Lamore, LCAM
mlamore@grsmgt.com

VERANDA GARDENS

HOMEOWNERS ASSOCIATION, INC.

Phone No.: _____

List previous address if less than three (3) years at current one:

Previous Address: _____

Landlord / Mortgage Name: _____

Phone No.: _____

Employment and Financial References:

Applicant's Employer or Last Employer: _____

Phone No.: _____

Employer's Address: _____

Length of Time Employed: _____ Salary: _____

Applicant's Title / Position: _____

If retired, please state the company's name and address retired from and date retired.

Spouses or Other Occupant's Employer or Last Employer: _____

Phone No.: _____

Employer's Address: _____

Length of Time Employed: _____ Salary: _____

Applicant's Title / Position: _____

If retired, please state the company's name and address retired from and date retired.

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HOMEOWNERS ASSOCIATION, INC.

Bank References:

Bank Reference: _____ Phone No.: _____

How Long: _____ Checking Acct. No.: _____

How Long: _____ Savings Acct. No.: _____

Bank Reference: _____ Phone No.: _____

How Long: _____ Checking Acct. No.: _____

How Long: _____ Savings Acct. No.: _____

Personal References:

Name: _____ Phone No.: _____

Address: _____

Relationship to Applicant / Spouse or Other Applicant: _____

Name: _____ Phone No.: _____

Address: _____

Relationship to Applicant / Spouse or Other Applicant: _____

Other people who will occupy the unit with you:

Name

Age

Relationship

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Community Manager
Mathew Lamore, LCAM
mlamore@grsmgt.com

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Vehicle Identification:

Number of Vehicles: _____

1.) Make: _____ Model: _____ Year: _____ Lic. No.: _____

2.) Make: _____ Model: _____ Year: _____ Lic. No.: _____

Emergency Contact:

In case of Emergency, Notify: _____

Phone No.: _____ Relationship: _____

Certificate of Approval:

Please send the Certificate of Approval to: (email address) _____

Applicants understand and agree that when a complete application package is received it is sent for a background and credit check. When the completed background and credit check is received, the application is sent to the Board of Directors for approval. The Board of Directors then returns the approval to GRS Management. **The approval process may take two to four weeks.** Once approval is received by the Association, the Certificate of Approval will be emailed to the listed recipient.

Lessee Signature

Lessee Signature

Date