

**SMITHBROOKE HOMEOWNERS ASSOCIATION  
APPLICATION FOR RESIDENCY (PURCHASE ONLY)**

**ALL ITEMS BELOW MUST BE SUBMITTED TOGETHER IN  
ORDER TO BE CONSIDERED. SUBMIT TO:**

**GRS Community Management  
3900 Woodlake Blvd., Suite 309  
Lake Worth, FL 33463  
561-641-8554 ◊ 561-641-9448 (Fax)**

*Please Print*

**ADDRESS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**OWNER NAME(S):**

\_\_\_\_\_

**Is this your Primary Home? \_\_\_\_\_ Secondary Home? \_\_\_\_\_ Income Property? \_\_\_\_\_**

**HOME PHONE# \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_**

**MAILING ADDRESS (IF DIFFERENT THAN  
UNIT):** \_\_\_\_\_

\_\_\_\_\_

**HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_**

**EMAIL ADDRESS:**

\_\_\_\_\_

**EMERGENCY CONTACT:**

\_\_\_\_\_

**RELATIONSHIP \_\_\_\_\_ PHONE: \_\_\_\_\_**

**IS THIS UNIT LEASED? \_\_\_\_\_ YES \_\_\_\_\_ NO**

**TENANT NAMES (S):**

\_\_\_\_\_

**TENANT HOME #: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL#: \_\_\_\_\_**

**LEASE DATES FROM/TO:**

\_\_\_\_\_

**INCLUDE COPY OF THE SALES CONTRACT:**

**LIST OTHER OCCUPANTS:**

**NAME** **AGE** **RELATIONSHIP**

1) \_\_\_\_\_  
2) \_\_\_\_\_

**VEHICLES INDENTIFICATION:**

**MAKE** **MODEL** **YEAR** **COLOR** **LICENSE#** **STATE**

1) \_\_\_\_\_  
2) \_\_\_\_\_

**OWNER NAME(S):**

\_\_\_\_\_  
\_\_\_\_\_

**ATTACH A COPY OF YOUR DRIVER'S LICENSE FOR EACH OCCUPANT:**

**PETS:** YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, please complete the attached pet registration form).

**APPLICANT ACKNOWLEDGEMENT**

By my/our signature(s) below, I/we hereby certify:

1. That I/we have received, read, understand and agree to abide by all the Rules & Regulations and the Governing Documents of Smithbrooke HOA.
2. That all of the information contained in this application is true and complete.
3. I/we give my/our permission for a nationwide Law Enforcement Background investigation and credit history verification.
4. A unit cannot be sub-leased. That no persons other than those shown on this application will reside in the unit and I/we agree that anyone moving into the unit at a later date will be registered with the Association.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PET REGISTRATION FORM**

**Owner or Resident:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Type of Pet (please circle one):** DOG   CAT   BIRD   OTHER \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_ **Pet's Age:** \_\_\_\_\_

**Pet's Weight:** \_\_\_\_\_

**PALM BEACH COUNTY RABIES LICENSE TAG NUMBER**

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**(Required by Palm Beach County Ordinance 98-22)**

**Breed (*Be specific – give complete description, color, etc.*):**

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ATTACH PHOTO HERE:**

**I am aware of Smithbrooke HOA's rules, regulations and restrictions regarding pets on the property and agree to abide by them.**

**Owner's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SMITHBROOKE PET RULES

**Pets and Animals – Only pets belonging to Owners (or those occupying lots through the authority of the Owners) will be allowed within the Association, subject to the following restrictions:**

1. Each unit may house up to two (2) animals, which may only be domestic cats and/or dogs with a weight of no more than fifty (50) pounds in the aggregate;
2. No pit bulls or aggressive breed dogs are permitted;
3. All pets shall be registered with the Association (form enclosed);
4. All animals shall be contained at the Dwelling Unit and shall not be permitted to roam free, or to otherwise disturb the peace of other Owners;
5. No pet shall be permitted outside a Dwelling Unit except on a leash;
6. No dog shall be permitted off the owner's property (which property is exclusive to the owner and does not include common areas) unless the dog is under the restraint or control of a person by means of a chain, leash or other device;
7. Dogs shall be on a leash or chain no longer than 6 ft.;
8. Dogs shall have collar and leash that is compatible with dogs' weight and size;
9. The person handling/walking the dog shall be able to maintain control of the dog at all times;
10. Cats must be confined to the Owner's property;
11. No pets shall be allowed to constitute a nuisance;
12. Each Owner shall promptly remove and properly dispose of any solid waste deposited by his pet. Pet stations are provided throughout the community;
13. No animal breeding or sales as a business shall be permitted;
14. Goats, horses, cattle, sheep, chickens, and the like, are hereby specifically prohibited. Obnoxious animals are prohibited. The determination of what is obnoxious animal shall be determined by the Association at its sole discretion.

**Offenses will NOT be tolerated and will be sent to the Violations Committee for review and possible fining. Offenders shall be reported to Leslie DiStefano (561) 641-8554 or [ldistefano@grsmgt.com](mailto:ldistefano@grsmgt.com)**

**I agree to abide by the rules and regulations of SMITHBROOKE HOA., INC. and am subject to the Declaration of Covenants of SMITHBROOKE HOA, INC.**

\_\_\_\_\_  
OWNER

\_\_\_\_\_  
DATE

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**APPLICATION INSTRUCTIONS:**

- 1. Fill out application completely and submit to GRS Community Management, 3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463. Please allow 10 days for review and action to be taken by SMITHBROOKE HOMEOWNERS ASSOCIATION, INC.**
  
- 2. There is a \$100.00 Non-Refundable application fee payable to SMITHBROOKE HOA., INC. AND \$100.00 Non-Refundable application fee payable to GRS COMMUNITY MANAGEMENT.**
  
- 4. Above signed acceptance of the Rules and Regulations must be submitted along with the application, as well as a copy of the sales contract.**

# 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

\_\_\_\_\_  
2<sup>nd</sup> 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**