



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

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

WWW.GRSMGT.COM

**Lucerne Lakes Condominium 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: \_\_\_\_\_

## Application for Occupancy

Current Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Owner Address: \_\_\_\_\_

Applicant #1 Name: \_\_\_\_\_ Applicant #1 DOB: \_\_\_\_\_

Applicant #1 Phone: \_\_\_\_\_ Applicant #1 Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Applicant #2 Name: \_\_\_\_\_ Applicant #2 DOB: \_\_\_\_\_

Applicant #2 Phone: \_\_\_\_\_ Applicant #2 Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Number of occupants: \_\_\_\_\_ Adults: \_\_\_\_\_ Children under age of 18: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## **Resident History**

1. Present Address (include unit/apt #'s): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Association Name: \_\_\_\_\_

Dates of Residency: From \_\_\_\_\_ To \_\_\_\_\_ Circle one: Own or Rent

1. Previous Address (include unit/apt #'s): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Association Name: \_\_\_\_\_

Dates of Residency: From \_\_\_\_\_ To \_\_\_\_\_ Circle one: Own or Rent

## Employment References

1. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Position: \_\_\_\_\_

Monthly Gross Income: \_\_\_\_\_ Address: \_\_\_\_\_

2. Spouse Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Position: \_\_\_\_\_

Monthly Gross Income: \_\_\_\_\_ Address: \_\_\_\_\_

## Realtor Information (if applicable)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Email: \_\_\_\_\_

If this application is not legible or is not completely and accurately filled out, the Association will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing the applicant recognizes that the Association will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Vehicle Registration Form**

To ensure all residents have appropriate parking space, please fill out completely.  
If any information changes, inform your Property Management Office.

Resident Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Resident Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Status: Please circle: Owner or Renter

Assigned Parking Space #: \_\_\_\_\_ Number of vehicles parked on premises: \_\_\_\_\_

**Car Information**

1. \_\_\_\_\_

Make	Model	Color
_____	_____	_____

Year	License Plate Number
_____	_____

2. \_\_\_\_\_

Make	Model	Color
_____	_____	_____

Year	License Plate Number
_____	_____

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



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**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.

# 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

\_\_\_\_\_  
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**