

**SILVER GLEN AT CITRUS ISLES HOMEOWNERS ASSOCIATION, INC.  
C/O GRS MANAGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD. – SUITE 309  
LAKE WORTH, FL. 33463  
(561) 641-8554/ FAX (561) 641-9448**

**APPLICATION FOR SALE**

**COMPLETED APPLICATION**

**APPLICATION FEE - \$100.00 CHECK OR MONEY ORDER MADE  
PAYABLE TO SILVER GLEN AT CITRUS ISLES (NOTE: \$`100.00 PER  
MARRIED COUPLE OR \$100.00 EACH PER INDIVIDUAL APPLICANT)**

**GATE CHANGE FEE - \$50.00 CHECK OR MONEY ORDER MADE  
PAYABLE TO SILVER GLEN AT CITRUS ISLES (NOTE: \$50.00 PER  
HOUSEHOLD **NOT** PER VEHICLE)**

**ADMINISTRATIVE PROCESSING FEE: \$50.00 – CHECK OR MONEY  
ORDER MADE PAYABLE TO GRS MANAGEMENT ASSOCIATES**

**COPY OF DRIVER'S LICENSE REQUIRED**

**COPY OF SALES CONTRACT REQUIRED**

**CERTIFICATE OF APPROVAL REQUIRED**

SILVER GLEN AT CITRUS ISLES HOMEOWNERS ASSOCIATION, INC.  
C/O GRS. MANAGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD. – SUITE 309  
LAKE WORTH, FL. 33463  
(561) 641-8554/ FAX (561) 641-9448

RESIDENT INFORMATION FORM

Address: \_\_\_\_\_ Lot#: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

Is this your Primary Residence? \_\_\_ Yes \_\_\_ No

Is this a Second Home? \_\_\_ Yes \_\_\_ No

Local Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Phone # to be used for Community Entrance Gate Call Box List: \_\_\_\_\_

Mailing Address (If Different from Unit): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # for Above Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # \_\_\_\_\_ Is this Unit Leased? \_\_\_ Yes \_\_\_ No

Tenant's Name(s): \_\_\_\_\_

Tenant's Email Address \_\_\_\_\_ Tenant's Phone #: \_\_\_\_\_

Lease Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

IF YOUR UNIT IS LEASED, A COPY OF THE LEASE MUST BE RETURNED BACK WITH THIS FORM.

Vehicle Identification:

	Make	Model	Year	Color	Tag Number	State
1.)	_____					
2.)	_____					
3.)	_____					
4.)	_____					

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail or Drop-off Completed Form (plus other required documents) to:

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

**SILVER GLEN AT CITRUS ISLES HOMEOWNERS ASSOCIATION, INC.  
C/O GRS MANAGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD., SUITE 309  
LAKE WORTH, FL 33463**

NAME(S): 18 yrs +

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

3) \_\_\_\_\_

CURRENT ADDRESS:

\_\_\_\_\_

1 ) Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_

2) Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_

3) Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_

PHONE # (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

LIST OTHER OCCUPANTS:

Name:

Age:

Relationship:

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

**CONSENT TO BACKGROUND INVESTIGATION AND RELEASE OF LIABILITY:**

I (we) understand that the Board of Directors of the Silver Glen at Citrus Isles 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 GRS 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 GRS 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 Silver Glen at Citrus Isles 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.

Applicant Signature and Date\_\_\_\_\_

Applicant Signature and Date\_\_\_\_\_

Applicant Signature and Date\_\_\_\_\_

*The bottom of this page left intentionally blank*

# 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

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