Lease Requirements

Completed Application – Incomplete or Illegible Applications will be returned to sender

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)

Administrative Processing Fee - \$50.00 Check or Money Order Made Payable to GRS Management Associates

Gate Change Fee - \$50.00 Check or Money Order Made Payable to GRS Management Associates (NOTE: \$50.00 per Household NOT per vehicle)

Lease Deposit - \$1,500.00 deposit to be held in escrow by the Association. Please make Check or Money Order Payable to Silver Glen at Citrus Isles. **This must be**paid at time of application.

All prospective tenants and other occupants must participate in a personal interview to be held at GRS Management office in Lake Worth and attended by one or more Board members. A complete list of community rules will be presented at that time.

Copy of Driver's License

Copy of Signed Lease

Certificate of Approval

TENANTS NAME(S):		
1)	2)	
TENANTS CURRENT ADDRESS:		
1)Social Security #	Birthdate	
2)Social Security #	Birthdate	
TENANT PHONE # (Home)	((Cell)
LEASE DATES: From	To _	
A COPY OF THE LEASE MUST AC	COMPANY THIS FO	DRM
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	 	

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VEHICLE IDENTIFICATION

MAKE/MODEL	YEAR	COLOR	TAG NUMBER	STATE
SIGNATURE				
DATE				- 1/07
MAIL or HAND D	ELIVER FOR	RMS (Plus a copy	of current lease) to:	
GRS Manageme 3900 Woodlake Lake Worth, FL	Blvd., Suite			

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

ADDENDUM TO LEASE

In the event Lessor is delinquent in his/her obligation to pay to Association any general or special maintenance assessments, or any installment, Association shall have the right, but not the obligation, to require Lessee to pay said rental installments, or the portion thereof sufficient to pay said delinquent maintenance assessments, directly to Association, upon Association giving written notice of exercise such right to Lessee and Lessor. This right of Association is cumulative and in addition to any and all other rights or remedies Association may have against Lessee or Lessor. Per Third Amendment to the Declaration of Covenants, Restrictions, Conditions and Easements of Silver Glen at Citrus Isles, as recorded on 4/3/14, owners shall be required to place in escrow with the Association in the amount of up to \$1,500.00 as determined by the Board of Directors, which may be used by the Association to repair any damage to the Common Areas or the Residential Property, including damage to other Homes resulting from acts or omissions of tenants, other occupants, or their invitees (as determined in the sole discretion of the Association).

Unit No	Date
Owner/Lessor Signature	
Tenant/Lessee Signature	
MUST BE SIGNED BY OWNER & TENANT	- SUBMITTED WITH APPLICATION
\$1.500.00.TO BE HELD IN ESCROW MUS	ST BE PAID PRIOR TO TENANT MOVE-IN

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 nd Applicant's Signature		Date
Printed Name		Date of Birth
Social Security Number	<u> </u>	
Driver's License Number		State

ADDITIONAL OCCUPANTS OVER 18, AUTHORIZATION FORM IS REQUIRED