

**Dover at Wycliffe Homeowners Association, Inc.**  
**Instructions for Lease & Sale Application Form**

1. Fill out the Property Owner Information form in full. Unmarried/unrelated residents will need to submit separate applications and fees. **Please do not leave any spaces blank.**
2. A fully executed copy of the lease/sale agreement must accompany the application.
3. The Notice of Intent to lease/sell must be completed and returned by the current owner.
4. A copy of the Drivers License(s) of all residents that will be residing in the unit must accompany the application.
5. Applications with a delinquent account balance must be brought and kept current or the application will be returned incomplete and denied.
6. A lease ***is not*** effective nor may the unit be occupied by the respective lessee(s) without the prior written approval by the Board of Directors of the Association.
7. The approval of any proposed lease is subject to the discretion of the Board of Directors of Dover. The Board of Directors has the right to reject any lease application for any reason.
8. No unit may be leased out more than two (2) times per year; each lease must be a minimum of four (4) months, and must comply with the Wycliffe and Dover Homeowners Association By-Laws.
9. Any changes in a lease that are made after the lease approval must be approved by the Dover Board of Directors.
10. Owners are to ensure that their tenants are familiar with the governing Rules and Regulations.
11. Owners are responsible for providing the tenants with access control devices or submit in writing that the tenant will be purchasing the devices.
12. A check payable to **Wycliffe Community Association** in the amount of **\$100** for the administration fee. ***This check must be sent to the WCA office with a copy of the lease. Please contact Jamie Hand at 561-432-3181 for instructions.*** (LEASES ONLY)
13. A check payable to **Dover** in the amount of **\$100.00** for the application fee. If the tenants/buyers are unrelated the fee of \$100.00 is required for each unrelated party.
14. A non-refundable check payable to **GRS Management** in the amount of **\$50.00** for the **processing fee** must accompany this application. The Board of Directors will render a decision within 10 Business days.
15. For a Lease, a check payable to **Dover** in the amount of **\$500.00** as a Security Deposit from the Owner. This is a refundable deposit if no damage has been done to the property. The refund will be sent to the person who provided the check, no exceptions.

\*\*\*\* **Application will NOT be processed without the required fees.** \*\*\*\*  
\*\*\*\* **INCOMPLETE APPLICATIONS WILL CREATE UNNECESSARY DELAYS.** \*\*\*\*

Submit the entire package including contract and checks to:

GRS Management

3900 Woodlake Blvd., Suite 309

Lake Worth, FL 33463

Should you have any questions, please contact Management at (561) 641-8554.

Thank you,

**The Board of Directors**

**Dover at Wycliffe Homeowners Association, Inc.**

# NOTICE OF INTENT TO LEASE/SELL

I/WE DO HEREBY NOTIFY DOVER AT WYCLIFFE HOMEOWNERS ASSOCIATION, INC. OF THE INTENT TO LEASE/SELL THE UNIT AS FOLLOWS:

UNIT ADDRESS: \_\_\_\_\_

CURRENT OWNER: \_\_\_\_\_

CURRENT OWNER PHONE NUMBER: \_\_\_\_\_

CURRENT OWNER E-MAIL: \_\_\_\_\_

PROSPECTIVE TENANT/PURCHASER(S):

\_\_\_\_\_

PROSPECTIVE OCCUPANTS E-MAIL (1): \_\_\_\_\_

PROSPECTIVE OCCUPANTS E-MAIL (2): \_\_\_\_\_

OTHER PERSONS WHO WILL OCCUPY THE UNIT:

(All licensed drivers must provide a copy of their Drivers License)

NAME	AGE	RELATIONSHIP TO RESIDENT
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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LEASE PERIOD/CLOSING DATE: START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

CURRENT OWNER'S SIGNATURE:

\_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_

DATE \_\_\_\_\_



# Dover at Wycliffe Homeowners Association, Inc.



GRS Management, Inc. ◆ 3900 Woodlake Blvd., Suite 309 ◆ Lake Worth, FL 33463  
Phone 561-641-8554

## TENANT/PURCHASER APPLICATION FORM

Note: In order for GRS Management, Inc. to have complete and updated resident information, all applications must include the following information for the prospective buyer/tenant(s).

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

Please print information for the prospective tenant/purchaser:

Applicant Name: \_\_\_\_\_

Employer Name, Address, Telephone: \_\_\_\_\_

Spouse: \_\_\_\_\_

Employer Name, Address, Telephone: \_\_\_\_\_

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

Other Occupants: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Second Address: \_\_\_\_\_ (If applicable)

Telephone Number: \_\_\_\_\_

Emergency Contact: Name _____ Phone Number: _____
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List all vehicles:

Make	Model	Year	Color	License Plate #	Driver
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Type of Pet(s), Number of pet(s), Breed of pet(s) **(write NONE if no pets)**:

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



# Dover at Wycliffe Homeowners Association, Inc.



GRS Management, Inc. ◆ 3900 Woodlake Blvd., Suite 309 ◆ Lake Worth, FL 33463  
Phone 561-686-7818 ◆ Fax 561-686-7284

## REFERENCES:

1. Name & Phone Number: \_\_\_\_\_

Complete Address: \_\_\_\_\_

2. Name & Phone Number: \_\_\_\_\_

Complete Address: \_\_\_\_\_

3. Name & Phone Number: \_\_\_\_\_

Complete Address: \_\_\_\_\_

I/We represent that the above information is factual and true and I/We are aware that any falsification or misrepresentation of the facts in this application will result in automatic rejection of this application. I/We consent to further inquiry concerning this application.

\_\_\_\_\_  
Lessee/Purchaser Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lessee/Purchaser Signature

\_\_\_\_\_  
Date

Current Owner or Realtor name, phone number, e-mail and Address to mail Original Certificate of Approval.

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