

FOREST HILL VILLAS GARDEN CONDOMINIUM ASSOCIATION, INC
C/O GRS COMMUNITY MANAGEMENT, INC.
3900 WOODLAKE BLVD., SUITE 309
LAKE WORTH, FL 33463
PHONE (561) 641-8554 / FAX (561) 641-9448

APPLICATION FOR PURCHASE

- \$150 Application fee per applicant over 18 years old or per married couple, payable to:
GRS Community Management (non-refundable) Money Order or Cashier Check ONLY
- Copy of the signed purchase contract
- Copy of driver's license and vehicle registration (2 vehicles only)
- Attach a color photo for each vehicle front and back
- Attach a color photo for each pet
- Credit score must be minimum 600**
- No felony convictions for the past (5) years**
- Provide current background and credit check**

**APPROVAL REQUIRED – Application must be delivered to GRS Community Management office at
above address and all documents must be submitted with the Application.**

Contact: Property Manager: Darcel Dookwah or e-mail ddookwah@grsmgt.com

Forest Hill Villas Garden Condominium Association, INC

Purchase Application

Please print legibly and complete all the sections

LEASE BEGIN DATE:	LEASE END DATE:
-------------------	-----------------

UNIT INFORMATION

PROPERTY ADDRESS	MOVE-IN DATE
CURRENT OWNER NAME	CONTACT #

APPLICANT INFORMATION

APPLICANT NAME	CO-APPLICANT NAME
PRIMARY CONTACT #	PRIMARY CONTACT #
EMAIL	EMAIL
CURRENT MAILING ADDRESS	CURRENT MAILING ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP
EMERGENCY CONTACT NAME & TELEPHONE	EMERGENCY CONTACT NAME & TELEPHONE
MARTIAL STATUS MARRIED () SINGLE ()	MARTIAL STATUS MARRIED () SINGLE ()

OTHER OCCUPANTS

NAME	RELATIONSHIP	DOB
NAME	RELATIONSHIP	DOB
NAME	RELATIONSHIP	DOB

REALTOR INFORMATION

REALTOR'S NAME	PHONE #	EMAIL
----------------	---------	-------

ADDITIONAL INFORMATION

EMPLOYMENT HISTORY

ARE YOU: Self-Employed? Yes () No () Retired? Yes () No ()

EMPLOYER	CO-APPLICANT/SPOUSE EMPLOYER
CITY-STATE-ZIP	CITY-STATE-ZIP
PHONE #	PHONE #
EMPLOYED FROM: _____ TO: _____	EMPLOYED FROM: _____ TO: _____
DEPARTMENT OR POSITION	DEPARTMENT OR POSITION
SUPERVISOR	SUPERVISOR
MONTHLY INCOME	MONTHLY INCOME

VEHICLE INFORMATION

If you have any recreational vehicles, (vans, boats, motorcycles) please specify.
 NOTE: Certain vehicles may be prohibited.

MAKE	MODEL	COLOR	STATE	TAG #
MAKE	MODEL	COLOR	STATE	TAG #

PET INFORMATION

(Write none if no pets)

TYPE	BREED	RABIES LICENSE TAG #	COLOR	WEIGHT
TYPE	BREED	RABIES LICENSE TAG #	COLOR	WEIGHT

GATE ACCESS REQUEST

TELEPHONE # TO PROGRAM INTO GATE SYSTEM	<u>OFFICE USE ONLY</u> GATE #
---	----------------------------------

**FOREST HILL VILLAS GARDEN
CONDOMINIUM ASSOCIATION, INC.**

PET APPLICATION

I/We _____ and _____
(name) (name)

Of Apt. # _____ at Building _____ Forest Hill Blvd. in Forest Hill Villas Condominium Association:

DO NOT HAVE A PET (put an "X" in the box): []

OR I/we request permission from the Board of Directors to have a:

Description of Pet & Breed: _____

Type of Pet (please circle one) Dog Cat Bird Other (specify): _____

Pet's Name: _____

Pet's Age: _____

Pet's Weight: _____

Pet's License/Tag Number: _____

Attach a color picture of your pet.

I/We state that this pet will not exceed the weight of _____ lbs.

PET RULES:

- All pets must be approved by the Board of Directors
- No more than two (2) pets are allowed
- No pets allowed in excess of **50 lbs.** combined weight at maturity
- Photo of pet must be submitted
- All dogs must be kept on a leash at all times
- All pet waste must be picked up immediately
- Pets cannot be left outside on the patio for extended amounts of time

I/We have read the Pet Rules of the Condominium Association and hereby agree to abide by them. I/We understand that if these rules are not followed that we will be turned over to the Association's attorney which will involve all attorney expenses. The Association may require that the pet(s) be removed from the Unit. Please complete the following:

Signature Date

Signature Date

FAILURE TO COMPLETE THIS FORM WILL RESULT IN THE RESIDENT TO IMMEDIATELY REMOVE THE ILLEGAL PET