C/O GRS Community Management, Inc. 3900 Woodlake Blvd., Suite 309

| Submission Date | | |
|--|--|--|
| APPLICATION FOR PU | RCHASE/LEASE | |
| | □ PURCHASE with any required cashie | Management, Inc. Blvd., Suite 309 FL 33463 |
| For any questions on this applicati | on, please email the Appl | ication Department at applications@grsmgt.com |
| REQUIREMENTS FOR PURCHAS | SE . | |
| ☐ Application for Purchase/Lease | e along with copies of app | olicant's drivers' licenses. |
| ☐ \$200.00 Application Fee made | payable to GRS Commun | nity Management, Inc. |
| ☐ Signed Purchase/Lease Acknow | wledgement which is atta | ched to this application. |
| ☐ Applicant Authorization form f | or background check. | |
| ☐ Copy of the fully executed Pur | chase Agreement. | |
| Owner(s) shall pay to the Asso thousand five hundred (\$1,500 | ciation a one-time, non-r 0.00). The capital contribu | ances of an interest in a Lot, the purchase/new Lot refundable capital contribution in the amount of one ution shall be due and payable to the Association at the d recording of any type of deed transferring an interest in |
| REQUIREMENTS FOR LEASE | | |
| ☐ Application for Purchase/Lease | e along with copies of app | olicant's drivers licenses. |
| \$200.00 Application Fee made | | |
| ☐ Signed Purchase/Lease Acknow | wledgement which is atta | ched to this application. |
| ☐ Applicant Authorization form f | | • |
| ☐ Copy of the Lease Agreement. | _ | |

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Application

| Unit Address | | | | |
|-----------------|-----------|--------------|---------------|--------|
| Current Owner | | Move-In Date | | |
| Applicant | | | | |
| Current Mailing | g Address | | | |
| E-mail Address | | | | |
| Phone Number | | | Cell | |
| Co-Applicant | | | | |
| Current Mailing | g Address | | | |
| E-mail Address | | | | |
| Phone Number | | | Cell | |
| OTHER OCCUPA | ANTS | | | |
| Name | | | _Relationship | DOB |
| Name | | | _Relationship | DOB |
| VEHICLE INFOR | MATION | | | |
| Make | Model | Color | Tag# | Year |
| Make | Model | Color | Tag# | Year |
| Make | Model | Color | Tag# | Year |
| Make | Model | Color_ | Tag# | Year |
| PET INFORMAT | TION | | | |
| Туре | Breed | | _Color | Weight |
| Туре | Breed | | _Color | Weight |
| | | | | |

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Community Access

- Fitness Center access is provided via key fob access control. Key fobs are available for purchase for \$25 each.
- Resident Access is provided through a resident lane at the front entrance via RFID windshield stickers which are unique to each vehicle and available for purchase at a cost of \$30 each.
- Registration showing a Berkeley address or association to a Berkeley resident must be provided for each vehicle and each sticker but be affixed to the appropriate vehicle.
- If you are a tenant, you must also provide written authorization from the owner that you are authorized to purchase access control devices.
- To purchase a decal please email your Property Manager Jasmine Lucas at jlucas@grsmgt.com or one can be purchased at the GRS Community Management office at 3900 Woodlake Blvd., suite 309, Lake Worth, FL 33463

Berkeley uses Envera for its visitor management system. Once you close and submit proof of ownership login instructions will be provided. If you are a tenant you will be able to be added as a user either by the owner or the Property Manager upon your lease start date.

| APPLICANT SIGNATURE_ | | |
|----------------------|--|--|
| | | |
| APPLICANT SIGNATURE_ | | |

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Purchase/Lease Acknowledgement

I, the undersigned prospective owner(s)/tenant(s), acknowledge that I am responsible for reading, understanding and abiding by the Declaration of Covenants and the Rules and Regulations of Berkeley POA. Copies of these documents are available at www.grsmgt.com.

I understand that for the safety of our residents the vehicle speed limit is 20 miles per hour within the community.

I understand that if awaiting guest, vendors, or deliveries I am required to call Envera in advance of their arrival. I am also aware that if I am having a party of 10 or more guests must provide Envera with a list of all guests prior to the event.

| Purchaser is aware of any Capital Contribution fees and/or all Assessments. | | | | |
|---|----------------------------|--|--|--|
| I have read the above information in its entirety and agree to com | ply with all requirements. | | | |
| Signature of Purchaser/Tenant: | Date: | | | |
| Signature of Durchaser/Tenant | Date: | | | |

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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 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 | |
| Driver's License Number | State |

ADDITIONAL OCCUPANTS OVER 18, AUTHORIZATION FORM IS REQUIRED