



**VALENCIA GRAND HOMEOWNERS ASSOCIATION, INC.
C/O GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD., SUITE 309 LAKE WORTH, FL 33463
PHONE: (239) 908-0880**

APPLICATION FOR SALE

- COMPLETED APPLICATION
- APPLICATION PROCESSING FEE: \$100.00 – CHECK OR MONEY ORDER MADE PAYABLE TO GRS COMMUNITY MANAGEMENT
- COPY OF SALES CONTRACT REQUIRED
- SIGNED AGE VERIFICATION FORM
- SIGNED RECEIPT THAT ASSOCIATION DOCUMENTS WERE RECEIVED
- COPY OF PHOTO ID REQUIRED

IF ASSOCIATION DOCUMENTS ARE NEEDED, THEY CAN BE PURCHASED FROM GRS COMMUNITY MANAGEMENT BY CHECK OR MONEY ORDER FOR \$75.00

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INFORMATION FORM

Date of Application: _____

Property Address: _____

Applicant Name(s): _____

Phone Number: _____ Cell: _____

Email(s): _____

List of Occupants

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Pets

Number of Pets: _____

Breed: _____ Color: _____ Weight: _____

Breed: _____ Color: _____ Weight: _____

Attach a copy of Sales Contract

Purchaser Signature

Purchaser Printed Name

Date

Purchaser Signature

Purchaser Printed Name

Date

VALENCIA GRAND HOMEOWNERS ASSOCIATION, INC.
AGE VERIFICATION FORM

The following information must be furnished by the owner or owners of each residence so that the Association may monitor the percentage of residences occupied by at least one person 55 years of age or older in order to preserve the status as a community considered "Housing For Older Persons" in accordance with the Association's Documents and the Federal Fair Housing Act. Persons under the age of nineteen (19) years of age shall not be permitted to reside within the Property.

Association Name: Valencia Grand Homeowners Association, Inc.

Lot #: _____ Property Address: _____

Owners Name: _____ Date of Birth: _____

Owners Name: _____ Date of Birth: _____

Phone Number(s): _____

Email Address(s): _____

Occupants – Include owner(s) above if they are occupants of the unit:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

PLEASE PROVIDE A COPY OF VALID DRIVERS LICENSE FOR EACH ABOVE LISTED OCCUPANT

The undersigned certify that the above information is true and correct and that within fifteen (15) days after any changes thereof the undersigned will notify the Property Manager or the Board of Directors of such change in writing.

Signature

Date

Signature

Date



**VALENCIA GRAND HOMEOWNERS ASSOCIATION, INC.
RECEIPT OF ASSOCIATION DOCUMENTS**

The undersigned acknowledges they have received and will read Valencia Grand Homeowners Association, Inc. Documents.

Property Address: _____

From (Print Name): _____

To (Print Name): _____

Signature: _____

Date: _____