

RIVER GARDEN TOWNHOMES
C/O GRS COMMUNITY MANAGEMENT, INC.
3900 WOODLAKE BLVD., SUITE 309
LAKE WORTH, FL 33461
PHONE (561) 641-8554 / FAX (561) 641-9448

APPLICATION FOR PURCHASE

- () \$200 processing fee for each applicant (unless married) payable to: GRS Community Management (non-refundable) Money order OR cashier check ONLY.**
- () \$100 Application Fee, payable to River Garden Townhomes (non-refundable)**
- () Copy of purchase contract attached.**
- () Copy of driver's license and vehicle registration attached.**

LEASING IS NOT PERMITTED IN RIVER GARDEN TOWNHOMES

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

Purchase Application

RIVER GARDEN TOWNHOMES

Please print legibly and complete all the sections

PROJECTED CLOSING 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

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 its 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

2nd 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