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	C0-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

ELATIONSHIP	DOB
ELATIONSHIP	DOB
ELATIONSHIP	DOB

REALTOR INFORMATION

REALTOR'S NAME	PHONE #	EMAIL		
ADDITIONAL INFORMATION				
	EMPLO	YMENT HISTORY		
ARE YOU: Se	lf-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.

	<u> </u>				
MAKE	MODEL	COLOR	STATE	TAG #	
MAKE	MODEL	COLOR	STATE	TAG #	
	MODEL	SOLON .	0 II II E	17.0 //	
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

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
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