



3900 WOODLAKE BLVD., SUITE 309, LAKE WORTH, FL 33463

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[WWW.GRSMGT.COM](http://WWW.GRSMGT.COM)

## THE HILLS OF LAKE EDEN HOMEOWNERS ASSOCIATION INC.

### APPLICATION FOR LEASE OR PURCHASE

- \_\_\_ \$200.00 Non-refundable processing fee per married applicant.  
Made payable to GRS Community Management. Cashier's Check or Money order only.  
Copy of Marriage Certificate if last names are different.
- \_\_\_ Copy of executed Purchase or Lease Application.
- \_\_\_ Copies of all Drivers Licenses, registrations, and insurance.
- \_\_\_ Copy of Pet (s) vaccination records and license.
- \_\_\_ All forms completed in full.
- \_\_\_ Sales per state of FL – the new owners MUST provide a copy of the Warranty Deed and up to date contact information to the association after the sale of the unit is completed.

LEASES MAY NOT BE LESS THAN THREE (3) MONTHS AND NOT MORE THAN TWELVE (12) MONTHS. NO UNIT MAY BE LEASED MORE THAN TWO (2) TIME PER CALENDAR YEAR.

Approval Required PRIOR to occupancy: Application, fees and all documentation must be mailed, or hand delivered to the GRS Management Office at the address indicated above.

### **THE ASSOCIATION HAS UP TO 30 DAYS TO PROCESS A COMPLETED APPLICATION**

It is the unit owner's responsibility to make sure your application is complete before the application is submitted. Please make copies of your completed application forms, contract or lease and proper identification prior submitting your application. Maintenance payments cannot be delinquent at the time that the application is processed. Any falsification or misrepresentation of the facts will result in automatic denial. Application fees are nonrefundable.

# Lease or Purchase Application

## THE HILLS OF LAKE EDEN HOMEOWNERS ASSOCIATION INC.

*Please print legibly and complete all the sections.*

LEASE BEGIN DATE:	LEASE END DATE:
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### 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
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THE HILLS OF LAKE EDEN HOMEOWNERS ASSOCIATION INC.  
ADDENDUM TO LEASE APPLICATION

THIS ADDENDUM is made between \_\_\_\_\_ (“Landlord”) and  
\_\_\_\_\_ (“tenant(s)”) for unit: \_\_\_\_\_ effective this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_  
and is intended to and shall supplement, amend, and modify that certain Lease dated \_\_\_\_\_, in the  
following respects:

1. Tenant (s) are subject to and shall abide by Florida Statutes: Assessments: Tenant Occupancy: Where an owner is delinquent in any monetary obligation to the Association, the Association can make a demand for the tenant to pay to the association the future monetary obligations related to the Association unit owed to the Association. The demand must be in writing. If the tenant fails to comply, the Association may have the tenant evicted in accordance with Florida Statutes. The unit owner shall give the tenant a credit against rent due to the unit owner for any amounts paid by the tenant to the Association.
2. In the event the landlord/owner becomes delinquent in payment of assessments (regular, general, or special) or other charges to the Association, the Association may notify the tenant. Upon such notification, the tenant shall be obligated to pay the rent required under the lease to the Association, until all delinquent assessments and other charges have been paid in full. During the period of time the tenant is paying the rent to the Association, the landlord shall not seek to evict the tenant for non-payment of rent.

LANDLORD

\_\_\_\_\_  
\_\_\_\_\_

Printed Name

TENANT

\_\_\_\_\_  
\_\_\_\_\_

Printed Name

TENANT

\_\_\_\_\_  
\_\_\_\_\_

Printed Name

# AUTHORIZATION FILE DISCLOSURE

## APPLICANT/TENANT CONSENT

I hereby consent to allow Verify Screening Solutions, Inc., through its designated agent/employee, to obtain and verify my consumer report (s), 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 a unit, I consent to allow Verify Screening Solution, 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<sup>nd</sup> 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**