

PALMA VISTA AT PONTE VERDE HOMEOWNERS ASSOCIATION, INC.
C/O GRS COMMUNITY MANAGEMENT
3900 Woodlake Blvd. Suite 309
Lake Worth, FL 33463
Phone: 561-641-8554 | Fax: 561-641-9448

APPLICATION FOR LEASE

Submit completed application to GRS Management to the address above

- () \$160.00 processing fee, check made payable to **GRS Management**
- () Completed lease contract attached, with Authorization File Consent
- () Pictures of Vehicles and Pets (if applicable) attached
- () Copy of drivers license and vehicle registration

HOA APPROVAL REQUIRED

Approval by the Association Board of Directors is required.

All documents **MUST** be submitted to GRS prior to approval to the HOA

PALMA VISTA AT PONTE VERDE HOMEOWNERS ASSOCIATION, INC.
C/O GRS MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 309
LAKE WORTH, FLORIDA 33463

TO: ALL NEW LESSEES
FROM: THE BOARD OF DIRECTORS
RE: ASSOCIATION

In submitting this application, we do hereby declare that all occupants and invitees of the aforementioned house:

1. Will abide by all restrictions, rules and regulations of the Association documents effective at this writing or hereinafter imposed by Palma Vista at Ponte Verde Homeowners Association, Inc.
2. That we have read through and reviewed the abbreviated list of rules.
3. Understand that the acceptance for Lease of any Home in Palma Vista is conditioned upon the truth and accuracy of this application. Occupancy prior to acceptance of the application by the Board of Directors or other designated authority is prohibited. Any misrepresentation or falsification of the information in this application or premature occupancy will result in automatic rejection of the application.

Upon acceptance of the application, lessee will receive an acceptance form signed by a member of the Board of Directors or by a designated authority. In the event the application is rejected, lessee will receive a letter of explanation.

I UNDERSTAND THE REQUIREMENTS AND OBLIGATIONS AS SET FORTH ABOVE AND AGREE TO COMPLY WITH THE SAME.

Lessee: _____
(Signature) (Printed Name)

Lessee: _____
(Signature) (Printed Name)

Property Address: _____

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APPLICATION FOR LEASE

Property Address

Landlord

Landlord Phone

Name of Tenant

Name of Tenant

Current Address

Phone Number

Names of Occupants of Property:

Vehicle Information

Please include a photos of each vehicle and registration, with application

Vehicles are to follow the rules of odd/even parking when parking on the street. On even numbered months (February, April, June, August, October, December) please park on the side of the street where the house numbers are even and on odd numbered months (January, March, May, July, September, November) please park on the side of the street where the house numbers are odd.

Vehicle 1:

Make	Model	Year	License No.	State	Color
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Vehicle 2:

Make	Model	Year	License No.	State	Color
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Architectural Changes

Do not make any change or alterations to your home without approval of the ARB form by the Board of Directors.

initials

Trash

Trash is picked up on Mondays and Thursdays. Recyclables and bulk are picked up on Thursdays. Yard Waste is picked up on Mondays. Garbage cans and Recycle bins are to be kept inside the garage.

initials

Pets

Please remember that all pets are to be leashed, when not within fenced area of homeowner's property. Please remember to pick up after all pets on HOA and neighbors' property.

initials

Felony

Have you ever been convicted of a felony? Please circle one: Yes or No

initials

I authorize Palma Vista Homeowners Association to make inquiry of any of the above information.

Signature

Name

Date

Signature

Name

Date

PALMA VISTA AT PONTE VERDE HOMEOWNERS ASSOCIATION, INC.

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 a house. I further understand if I lease/purchase a house, 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 Signature

Date

Printed Name

Date of Birth

Social Security Number

Driver's License Number

State

ADDITIONAL OCCUPANTS OVER 18, AUTHORIZATION FORM IS REQUIRED