

Lucerne Lakes Homeowner's Association, Inc

C/O GRS Management Associates, Inc.

3900 Woodlake Blvd, Suite 309

Lake Worth, FL 33463

ADDITIONAL OCCUPANT APPLICATION DIRECTIONS

In the event that there is any person aged 18 or over who is occupying a home for more than thirty (30) days in any calendar year, and they are not the legal owner or named tenant (hereafter a "Long-Term Occupant"). Until approved, the person is considered a visitor. They must comply with all of the following to be considered a Long-Term Occupant:

- 1.** Complete the attached two-page form. Signatures must be presented for both the Long-Term Occupant and the legal owner of the Residence.
- 2.** A copy of the lease/ rental agreement if applicable.
- 3.** Include a copy of a current government issued Identification card for both the legal owner of the Residence and the Long-Term Occupant.
- 4.** Notarize the form.
- 5.** Return the form to GRS Management at the above address.

Once the Application is received, the Association will review the application and issue an approval or denial. This approval will be based upon, but not limited to the number of bedrooms, the parking capacity and any other factors that may be deemed relevant by the Board.

FOR ANY HOMES THAT ARE SUBJECT TO A LEASE OR RENTAL AGREEMENT AND WILL HAVE A LONG-TERM OCCUPANT WHO IS NOT ON THE LEASE OR AGREEMENT, THE OWNER OF THE HOME MUST SUBMIT A NOTARIZED LETTER CONFIRMING THAT HE OR SHE APPROVES THE LONG-TERM OCCUPANT TO RESIDE IN THE HOME FOR THE DURATION OF THE LEASE OR RENTAL PERIOD

Lucerne Lakes HOA, Inc.

Additional Occupant Application

Owners Name	
Lucerne Lake Address	
Contact Number	
Long-Term Occupant (s) Name (s)	
Date of Birth	
Driver's License Number	
Long-Term Occupant's Contact Number/ Email	
Pets	
Vehicle(s) Year/ Make/ Color	
Names of Other Occupant(s) in the Home	
Date of Birth	
Driver's License Number	
Other Occupant(s)Contact Number/ Email	
Pets	
Vehicle Year/ Make/ Color	

Affidavit

Occupancy is subject to all Covenants, Restrictions, and Rules and Regulations as set forth in the Governing Documents of the Association.

I (we) understand that the Board of Directors of Lucerne Lakes Homeowner's Association Inc. may choose to cause an investigation of my background to be carried out as the Board may deem necessary. Accordingly, I (we) specifically authorize the Board of Directors or GRS Management Associates Inc. to make such an investigation and agree that the information contained in this and the attached application may be used in such an investigation and that the Board of Directors, Officers, and GRS Management Associates Inc. shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors or its authorized agents.

In making the foregoing application, I (we) am (are) aware that the decision of the Lucerne Lakes Homeowner's Association, Inc., will be final and no reason will be given for action to be taken by the Board of Directors.

I agree to be governed by the decision of the Board of Directors.

Signature of Owner

Signature of Applicant Occupant

Sworn to and subscribed before me this _____ day of _____, 20____ by

_____ and _____ via [x] in person
notarization, who (is)

(are) personally known to me or who have produced _____ as identification.

Notary Public State of Florida at Large

Printed Name of Notary Public

My Commission Expires: