



3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463

Ph: (561) 641-8554 / Fx: (561) 641-9448

GARDENS OF WOODBERRY HOMEOWNERS' ASSOCIATION, INC.

APPLICATION FOR LEASE

- ***\$200.00 Non-refundable application processing fee for each applicant (unless married) and payable to GRS Community Management in the form of a money order or cashier's check.***

Additional Lease Requirements:

- ***\$1,000.00 Refundable Security Deposit payable to Gardens of Woodberry HOA in the form of a money order or cashier's check.***

INDIVIDUAL COMMUNITY REQUIREMENT CHECKLIST

- _____ Copy of lease contract is attached.
- _____ Copy of driver's license(s) and vehicle registration(s) are attached.
- _____ Owners may lease their homes only after 24 months of ownership.
- _____ Lease terms may not be less than six (6) consecutive months and the unit may not be leased more than once in any twelve (12) month period.
- _____ Four (4) domestic cats and/or dogs are permitted per occupied unit.
- _____ No unit may be occupied or used for any commercial or business purpose.
- _____ Any violations on the property must be cured prior to transfer.
- _____ At the time of the Lease application (whether is a New Lease or Lease Renewal) the Lot Owner **MUST NOT be delinquent in** the payment of the Association dues and/or have any open and unresolved violations. The account must be brought current before any lease application can be considered for approval by the Association.
- _____ The approval of the lease application may take up to thirty (30) days.

APPROVAL REQUIRED – Application, fees and all applicable documentation must be mailed, or hand delivered to GRS Community Management at the address indicated above.

A Certificate of Approval is required for leases.

Please visit grsmgt.com > ***Gardens of Woodberry Homeowners' Association, Inc. > Association Documents*** for a comprehensive overview of the Rules and Regulations of the Association.

GARDENS OF WOODBERRY HOMEOWNERS' ASSOCIATION, INC.

Lease Application

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
MARITAL STATUS MARRIED () SINGLE ()	MARITAL 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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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 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 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

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



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PET REGISTRATION

(Please complete one registration form for each pet)

Date: _____ Owner: _____ Tenant: _____

Name of Homeowner(s): _____

Name of Tenant(s): _____

Property Address: _____

Tenant(s) who are applying must attach a current executed copy of your lease agreement, stating specifically Landlord(s) permits pet(s)/animal(s) on the premises.

A. Please indicate type of pet(s)/animal(s), including service animals. Attach a recent picture of your pet(s), taken within the last six (6) months, and accurately show the pet(s)/animal(s) as of the date of this registration.

I. Type of Pet(s): _____ **Weight:** _____ **Color:** _____

Breed: _____ **Tag Number:** _____

II. Veterinarian Reference: (Please attach a current certificate of vaccination/health certified by a licensed veterinarian within the past thirty (30) days.)

Name: _____ **Phone No.:** _____

Address: _____

B. By submitting this registration application, Resident understands and agrees that the pet(s)/animal(s) is subject to the association's governing documents, including but not limited to association's Declaration and its Rules and Regulations and all state and local laws. Accordingly:

1. Up to four (4) domestic cats and/or dogs are permitted per home; *certain breeds of dogs are prohibited – please refer to the Association's Rules & Regulations.*
2. When outside the unit, all pet(s)/animal(s) must be on a leash which is attached to the pet/service animal and in direct physical control of a person capable of always controlling such pet and the pet(s)/animal(s) will not be left unattended at any time.
3. Residents agree to register the pet(s)/animal(s) in accordance with local laws and requirements, and to immunize pets in accordance with such local laws and requirements.
4. Resident shall be responsible for any damage created by a pet/animal to association property.

GARDENS OF WOODBERRY HOMEOWNERS' ASSOCIATION, INC.

PROSPECTIVE LESSEE ACKNOWLEDGEMENT

The undersigned being a prospective Lessee of the following Lot No.: _____ and Property Address: _____, in **Gardens of Woodberry Homeowners' Association, Inc.** acknowledges that I/We have read, understand, and agree to follow and abide by all the terms and conditions of the following Association Documents:

- a. Declaration of Covenants, Conditions and Restrictions
- b. Any and all Amendments to the Association Documents.
- c. Association Rules & Regulations (*recorded September 3, 2021*).

Dated: _____ Lessee Signature: _____

Lessee Print Name: _____

Dated: _____ Lessee Signature: _____

Lessee Print Name: _____

Dated: _____ Lessee Signature: _____

Lessee Print Name: _____



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[Return via Email to: residentservices@grsmgt.com](mailto:residentservices@grsmgt.com)

E-MAIL AUTHORIZATION FORM

Members,

In a continued effort to improve communication for the community, the Association would like to utilize the E-Blast Communication System available through its website. With this system, the Association can reach residents via email at the click of a button to send alerts, notices and updates to homeowners and residents. The E-Blast option allows us to communicate more easily, faster, and less expensively.

The E-Blast Communication System requires the approval of each resident. If you would like to participate, please provide your e-mail address and complete the information on the lower portion of this form.

Please note: Your e-mail address and personal information will not be shared with others. All E-Blasts will be blind copied to participants.

Sincerely,
Board of Directors
Gardens of Woodberry Homeowners' Association, Inc.

Name: _____ Phone Number: _____

Property Address: _____

E-Mail Address: _____

I hereby give my permission to Gardens of Woodberry Homeowners' Association, Inc. and GRS Management Associates, Inc. to send e-mails for the purpose of updating me on community events and other association communication. I understand it is my responsibility to notify GRS Management Associates, Inc. in the event that my e-mail address changes. I understand that GRS Management Associates, Inc. will not be held responsible for notices that are sent and not received or are received in a "spam" folder. I understand that I can opt out of the E-Blast program by sending my request in writing to GRS Management Associates, Inc.

Signature of Owner

Date

Signature of Owner

Date