

LAKEVIEW ESTATES HOMEOWNERS ASSOCIATION
APPLICATION FOR RESIDENCY (PURCHASE)

c/o GRS Management Associates
3900 Woodlake Blvd., Suite 309
Lake Worth, FL 33463
561-641-8554 ◊ 561-641-9448 (Fax)
www.grsmgt.com ◊ www.lakeviewestatesfl.com

Please Print

Date: _____ Property Address in Lakeview _____

APPLICANT'S INFORMATION:

App #1

Name: _____
Phone # _____ SS # _____ DOB _____
Email _____ Married/Single _____

App #2

Name: _____
Phone # _____ SS # _____ DOB _____
Email _____ Married/Single _____

App #3

Name: _____
Phone # _____ SS # _____ DOB _____
Email _____ Married/Single _____

App #4

Name: _____
Phone # _____ SS # _____ DOB _____
Email _____ Married/Single _____

Please name all occupants and relationship to Owner (provide age of children):

RESIDENCE HISTORY:

Present Address _____ City: _____ St _____ Zip _____

Previous Address _____ City: _____ St _____ Zip _____

VEHICLES:

<u>Make of Vehicle</u>	<u>Model</u>	<u>Lic. Plate#</u>	<u>Color</u>	<u>State</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LICENSED DRIVERS:

Name: 1. _____ Lic. # _____ State _____
Name: 2. _____ Lic. # _____ State _____
Name: 3. _____ Lic. # _____ State _____

PETS: YES _____ NO _____ (If yes, please complete the attached pet registration form)

WORK HISTORY:

Employer: 1. _____ 2. _____
Phone: 1. _____ 2. _____
Address: 1. _____ 2. _____

EMERGENCY CONTACT INFO: _____

NOTE: By signing this registration form, you agree that you are aware of Lakeview Estates Homeowners Association rules, regulations and restrictions and will abide by them.

ACKNOWLEDGEMENT

By my/our signature(s) below, I/we certify that all of the information contained in this registration form is true and complete.

SIGN

DATE

SIGN

DATE

Registration form must be submitted to GRS Management Associates along with a check or money order in the amount of \$100 payable to GRS Management Associates as well as copies of driver's licenses for all drivers and a fully executed sales agreement.

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PET REGISTRATION FORM

Owner or Resident: _____

Property Address: _____

Pet Owner Phone Number: _____

Type of Pet (please circle one): DOG CAT BIRD OTHER _____

Pet's Name: _____ Pet's Age: _____

Pet's Weight: _____ Pet's License/Tag Number: _____

Breed (*Be specific - give complete description, color, etc.*):

PLEASE ATTACH PHOTO HERE:

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 it's 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