

VALENCIA SKY HOMEOWNERS ASSOCIATION, INC.
C/O GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD. – SUITE 309
LAKE WORTH, FL. 33463 561.641.8554
valenciapm@grsmgt.com

APPLICATION FOR SALE

- APPLICATION PROCESSING FEE: \$200.00 – CHECK OR MONEY ORDER MADE PAYABLE TO GRS COMMUNITY MANAGEMENT
- COMPLETED APPLICATION
- COPY OF SALES CONTRACT REQUIRED
- COPY OF VALID DRIVERS LICENSE FOR APPLICANTS AND ALL OCCUPANTS
- SIGNED RECEIPT THAT ASSOCIATION DOCUMENTS WERE RECEIVED
- COMPLETED AGE VERIFICATION CERTIFICATE

**VALENCIA SKY HOMEOWNERS ASSOCIATION, INC.
C/O GRS COMMUNITY MANAGEMENT
561.641.8554**

INFORMATION FORM

Date of Application_____

Property Address_____

Applicants Name_____

Telephone #_____ Cell #_____

List of Occupants

Name_____ Relationship_____

Name_____ Relationship_____

Name_____ Relationship_____

Name_____ Relationship_____

Pets_____

Breed_____ Weight_____

Breed_____ Weight_____

Attach a copy of Sales Contract and
Valid Drivers License for applicants and occupants

Purchaser Signature_____

Purchaser Signature_____

Date_____

**VALENCIA SKY HOMEOWNERS ASSOCIATION, INC.
C/O GRS COMMUNITY MANAGEMENT
561.641.8554**

The undersigned acknowledges they have received and will read and abide by Valencia Sky Homeowners Association, Inc. Documents.

Property Address:_____

From (Print Name):_____

To (Print Name):_____

Signature:_____ Date:_____

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3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463 | Ph: (561) 641-8554 | Fx: (561) 641-9448

VALENCIA SKY HOMEOWNERS ASSOCIATION

AGE VERIFICATION CERTIFICATE

The following information must be furnished by the owner(s) of each residence so that the Association may monitor the percentage of residences occupied by at least one person 55 years of age or older, in order to preserve the status of the community as "Housing For Older Persons" in accordance with the Association's governing documents and the Federal Fair Housing Act.

Note: Persons under the age of eighteen (18) shall not be permitted to reside on

the Property. Lot #: _____

Property Address: _____

Phone number: _____ (Leave blank if number should not be published in the Community directory)

Owner's Name: _____ Date of Birth _____

Owner's Name: _____ Date of Birth _____

Occupants(s) include owner(s) above if occupant(s) of unit:

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Certification

I hereby certify that the above information is true and correct to the best of my knowledge. I understand this information is being collected in compliance with federal law under the Housing for Older Persons Act of 1995 (HOPA) and Florida Statute 720.306(3).

The above information is correct and within fifteen (15) days after any changes thereof the undersigned will notify the Board of Directors of such change in writing.

Date

Owner:

Date

Owner:

***** PLEASE PROVIDE COPY OF VALID DRIVER'S LICENSE*****