



DREXEL PARK TOWNHOMES 1, CONDOMINIUM ASSOCIATION, INC.

OCCUPANT APPLICATION

1. This application must be completed in detail (do not leave any blanks) by the proposed buyer or tenant and returned to GRS Community Management along with all supporting information and fees:

**Submit to: GRS COMMUNITY MANAGEMENT.
 3900 WOODLAKE BLVD., SUITE 309
 LAKE WORTH, FL 33463
 PHONE (561) 641-8554 / FAX (561) 641-9448**

2. Please attached copy of either a signed purchase agreement or a signed lease agreement. The lease, if applicable, shall list the names of ALL persons who will occupy the residence.
3. No lease less than three (3) month period to 12-month terms only – No unit may be rented more than three (3) times in a one (1) year period. **MUST HAVE PRIOR ASSOCIATION APPROVAL** for occupancy.
4. **NON-REFUNDABLE PROCESSING FEE:** \$100.00 per husband & wife. Any other applicants over the age of eighteen (18) must pay an additional \$100 per applicant. Payable to: “**GRS Community Management.**”. (**Money order or Cashier check ONLY**)
5. **PET (S):** Copy of **CURRENT LICENSE** and **VACCINATION CERTIFICATE** and **PICTURE** of pet (s) must be included. Each Unit Owner (regardless of the number of Owners), may maintain no more than two (2) household pets in a Unit, to be limited to **ONE (1) DOMESTIC DOG**, or two (2) domestic cats, or two (2) caged birds, or one (1) fish tank not to exceed fifty-five (55).
6. **NO COMMERCIAL VEHICLES, BOATS, TRAILERS, MOTOR HOMES, CAMPERS, RECREATIONAL VEHICLES, ETC. ARE PERMITTED WITHIN COMMUNITY PROPERTY.**
7. Applicants (s) agree to abide by the Governing Documents and all Rules & Regulations.
8. A copy driver’s license 18 years or older.

Applicant #1 _____ Applicant #2 _____

DREXEL PARK TOWNHOMES 1, CONDOMINIUM ASSOCIATION, INC.

Occupant Application

Date: _____

Please print legibly and complete all the sections

| | |
|-------------------|-----------------|
| LEASE BEGIN DATE: | LEASE END DATE: |
|-------------------|-----------------|

UNIT OWNER 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 |
|----------------|---------|-------|

DREXEL PARK TOWNHOMES 1, CONDOMINIUM ASSOCIATION, INC.
ADDENDUM TO LEASE APPLICATION

THIS ADDENDUM is made between _____ (“Landlord”) and
_____ (“tenant(s)”) for unit: _____ effective this ____ day of
_____ 20 ____

and is intended to and shall supplement, amend and modify that certain Lease dated
_____, in the following respects:

1. Tenant(s) are subject to and shall abide by Florida Statutes: Assessments: Tenant Occupancy: Where an owner is delinquent in any monetary obligation to the Association, the Association can make a demand for the tenant to pay to the association the future monetary obligations related to the Association unit owed to the Association. The demand must be in writing. If the tenant fails to comply, the Association may have the tenant evicted in accordance with Florida Statutes. The unit owner shall give the tenant a credit against rent due to the unit owner for any amounts paid by the tenant to the Association.

2. In the event the landlord/owner becomes delinquent in payment of assessments (regular, general or special) or other charges to the Association, the Association may notify the tenant. Upon such notification, the tenant shall be obligated to pay the rent required under the lease to the Association, until all delinquent assessments and other charges have been paid in full. During the period of time the tenant is paying the rent to the Association, the landlord shall not seek to evict the tenant for non-payment of rent.

LANDLORD

Printed Name

TENANT

Printed Name

TENANT

Printed Name

DREXEL PARK TOWNHOMES 1, CONDOMINIUM ASSOCIATION, INC.

1. In making the foregoing application, I represent to the Board of Directors that the purpose for the purchase/leasing of a home in DREXEL PARK TOWNHOMES 1, is AS FOLLOWS:

Year-Round Residence: _____ Seasonal Residence: _____ Other (Explain): _____

2. I hereby agree for myself and on behalf of all persons who may use the unit which I seek to Purchase/Lease:
 - I will abide by all of the restrictions contained in the By-Laws and Rules and Regulations, and restrictions which hare or may in the future be imposed by DREXEL PARK TOWNHOMES 1.
 - I understand that any violation of the terms, provisions, conditions, and covenants of DREXEL PARK TOWNHOMES 1 documents provides cause for immediate action as therein provided or termination of the leasehold under appropriate circumstances.
 - I have received a copy of the Rules & Regulations of DREXEL PARK TOWNHOMES 1.
 - I fully understand that no parking of commercial vehicles is permitted
3. I understand that acceptance for occupancy of a home in DREXEL PARK TOWNHOMES 1, CONDOMINIUM ASSOCIATION, INC. is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. **Occupancy prior to approval is prohibited.** Any misrepresentation or falsification of information of this application will result in automatic rejection of this application.
4. I understand that I will be advised by DREXEL PARK TOWNHOMES 1 within thirty (30) days from the date of receipt of completed (fully executed) application and copy of sale/lease for acceptance or denial of this application.
5. I understand that the Board of Directors of DREXEL PARK TOWNHOMES 1 may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors or their agents to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors of DREXEL PARK TOWNHOMES 1 and their agents 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.

In making the foregoing application, I am aware that the decision of DREXEL PARK TOWNHOMES 1 will be final. I agree to be governed by the determination of the Board of Directors.

Applicant #1: _____ Applicant #2: _____

Print Name: _____ Print Name: _____

Date: _____ Date: _____

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 an apartment. I further understand if I lease/purchase an apartment, 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's Signature

Date

Printed Name

Date of Birth

Social Security Number

Driver's License Number

State

ADDITIONAL OCCUPANTS OVER 18, AUTHORIZATION FORM IS REQUIRED