

MOVE IN APPLICATION CHECKLIST:

The Fountains of the Palm Beach Condominium No. _____

- Tenant signed and notarized affidavits

- Color copy of Driver's License, insurance and vehicle registration

- Check in the amount of \$50.00 made payable to GRS Community Management

- Proof of move-in being immediate family member

Under no circumstances no rental will be allowed for the first 12 months from the date of closing except for immediate family (parents, children, grandchildren, sisters, brothers and their spouses- reference rules and regulations page 9 sections C and D). Prior to immediate family arriving, pre-approval is needed from the property manager and/or board of directors.

After the first 12 months thereafter, anyone occupying the unit in your absence will be deemed a rental and will be denied access and will be subject to grievances and fines.

RESIDENTIAL SCREENING REQUEST FOR MOVE INS

EACH PERSON WHO MOVES INTO A UNIT MUST COMPLETE THIS FORM.

(PLEASE PRINT CLEARLY)

First Name: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ DOB: _____

Tel#: _____ Cell: _____

Email Address: _____

ADDRESS OF UNIT: _____

RELATIONSHIP TO OWNER OR RENTER:

I have read and signed the Disclosure and Authorization Agreement.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

I hereby approve _____ to move into my unit

OWNER'S SIGNATURE _____ DATE: _____

AUTHORIZATION FILE DISCLOSURE

APPLICANT CONSENT

I, hereby consent to allow Verify Screening Solutions, Inc., through its designated agent/employee, to obtain and verify 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

AFFIDAVIT OF ACKNOWLEDGMENT OF OCCUPANCY RULES

Unit applied for: _____

STATE OF FLORIDA

COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared _____ ("Applicant") who swore or affirmed that:

1. Applicant hereby acknowledges that he/she has been advised and made aware of the Rules & Regulations of D'Este Court regarding the occupancy of his/her unit.
2. Applicant understands that if anyone other than the person(s) applicant has indicated on the application will occupy the unit, then those persons(s) must first go through the approval process BEFORE THEY ARE ALLOWED TO BEGIN OCCUPANCY. They are required to go through a background check and interview before permission by the association will be granted. Anyone other than immediate family is deemed a rental and not permitted within the first 12 months.
3. If applicant intends to rent the unit **after the first 12 months** thereafter any potential renter must go through the entire approval process which includes, but is not limited to a credit check, a criminal background check and an interview. Anyone occupying the unit prior to the application approval process completion will be an immediate denial.
4. Applicant agrees to abide by the above Rules and Regulations.
5. Applicant further understands that failure to comply with the above may result in a mandatory appearance before the Grievance Committee where fines (both monetary and loss of services, including barcode, cable tv and Internet) could be imposed.

The forgoing instrument was acknowledged before me, by means of _____ physical presence or _____ online notarization on this _____ day of _____, 2021, by, _____ who is personally known to me or produced _____ as identification.

WITNESS my hand and official seal:

NOTARY PUBLIC, STATE OF _____

COUNTY OF _____



3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463
Ph: (561) 641-8554 / Fx: (561) 641-9448
Fountains Condominium No. 5

AFFIDAVIT

I acknowledge receipt of the following.

I understand that as a potential renter or purchaser in The Fountains of Palm Beach Condominium, Inc. No. 5, (D'este Court) is a no pet community according to the condominium documents. A portion of Article XIII of the Declaration of Condominium of the Fountains of Palm Beach Condominium No. 4 ("Declaration") prohibits pets.

I have read the Rules and Regulations, Section II -- Emotional Support Animals (ESA) & Service Animals (SA), Page 5, Letters A-L, and understand their No Pet Policy. If you have a legitimate need for an SA or ESA animal, appropriate documentation must be submitted with your application and subject to approval prior to the interview.

Acceptable documentation includes but not limited to; a doctor or licensed mental health professional including an official letterhead, their license number, phone number, email address along with medical records showing the dog's breed, weight, and is current on all shots. In addition, attach the ESA application from GRS.

I accept the above conditions.

Print Name(s)

Address of Unit of Purchase

Signature

Date

STATE OF

COUNTY OF

The forgoing instrument was acknowledged before me, by means of physical presence or online notarization on this day of 2,021, by

Who is personally known to me or produced, as identification.

WITNESS my hand and official seal:

NOTARY PUBLIC, STATE OF

COUNTY OF