

## **FOREST GROVE POA, INC. OCCUPANT APPLICATION APPROVAL**

The Association shall review the proposed Occupant Application within Thirty (30) business days of receipt of required information, documents and fees. A Certificate will be issued indicating the Association's approval.

APPLICANT must submit

- Applicant Authorization form for the credit and background check for each applicant over age 18
- \$100.00 Application Fee (non-refundable) made payable to GRS Community Management (certified bank check or money order only)
- \$100.00 Application Fee occupant 18 years or older (non-refundable) made payable to Forest Grove Homeowner's Association (certified bank check or money order only)

Items must be submitted to

GRS Community Management  
3900 Woodlake Blvd., Suite 309  
Lake Worth, Florida 33463

Thank you in advance for your cooperation in following this process. If you have any questions please contact GRS Community Management 561-641-8554 or email [residentservices@grsmgt.com](mailto:residentservices@grsmgt.com)

**FOREST GROVE POA, INC.  
OCCUPANT INFORMATION APPLICATION**

OCCUPANT INFORMATION

Address: \_\_\_\_\_ Move in Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

HOMEOWNER INFORMATION

Name(s): \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

CURRENT TENANT INFORMATION (If applicable)

Name(s): \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

- Please provide current lease (if applicable)

VEHICLES (List all vehicles, use additional forms if necessary)

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag Number: \_\_\_\_\_

PLEASE SIGN BELOW

Homeowner: \_\_\_\_\_ Date: \_\_\_\_\_

Occupant : \_\_\_\_\_ Date: \_\_\_\_\_

Tenant (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

Complete this form and submit to GRS Community Management  
3900 Woodlake Blvd., Suite 309, Lake Worth, Florida 33463 - An interview may be required.

Association Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**FOREST GROVE POA, INC.  
PROSPECTIVE OWNER/LESSEE ACKNOWLEDGEMENT**

The undersigned being a prospective occupant applicant of address \_\_\_\_\_:  
have read, understand, and agree to follow and abide by all the terms and conditions of the  
following for Forest Grove POA, Inc.:

- (a) Declaration of Covenants, Restrictions and Easements:
- (b) Bylaws:
- (c) Current Rules & Regulations:

Dated: \_\_\_\_\_ Occupant Signature: \_\_\_\_\_

The documents listed above may be obtained from the GRS Community  
Management website: [www.grsmgt.com](http://www.grsmgt.com)

# 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

\_\_\_\_\_  
2<sup>nd</sup> 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**