\square APPROVED		
\square NOT APPROVED		



ADDITIONAL RESIDENT APPLICATION

Current Resident:			
Name:	Date:	Date:	
Address:	Unit #:	Unit #:	
Phone: Email	l:		
Additional Resident (if applicable):			
Name:	Relationship:	Relationship:	
Phone: Email	l:		
NOTE: Relationship Affidavit and Backgrou	and Check is required for all residents o	over 18.	
Additional Minor Resident(s) (if applica	ble):		
Name:	Relationship:	Age:	
Name:	Relationship:	Age:	
Name:	Relationship:	Age:	
Please complete, attach, and sign this fo	rm with the Relationship Affidavit.		
In addition, the GRS Authorization Form also should be mailed directly to: 3900 Woodla	<u>. , , , , , , , , , , , , , , , , , , ,</u>		
NOTE: If you are only adding minor child not required. Don't forget to complete a has a vehicle. All residents are required	new vehicle registration form if the	additional resident	
Resident's Signature:	Date	2:	
Additional Resident's Signature:	Date	Date	
Authorized Association Signature:	Γ	Date:	