

VILLAGGIO RESERVE HOMEOWNERS ASSOCIATION, INC.
C/O GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD., SUITE 309
LAKE WORTH, FL, 33463
P 561-641-8554 F 561-641-9448

OCCUPANT APPLICATION

- 55 & OVER COMMUNITY
- APPLICATION REQUIRED
- \$200 (**non-refundable**) ADMINISTRATIVE/BACKGROUND SCREENING FEE
PER APPLICANT PAYABLE TO: GRS COMMUNITY MANAGEMENT
- \$300 (**non-refundable**) Transfer Fee payable to: Villaggio Reserve Homeowners Association, Inc.
- All checks must be in the form of cashier's check or money order only.
- COPY OF DRIVER'S LICENSE REQUIRED
- PLEASE ALLOW UP TO 30 DAYS FOR PROCESSING OF APPLICATIONS
- IF NEEDED: COMMUNITY DOCS ARE \$75.00 PAYABLE TO GRS COMMUNITY MANAGEMENT.

VILLAGGIO RESERVE HOMEOWNERS ASSOCIATION, INC.
C/O GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD., SUITE 309
LAKE WORTH, FL, 33463
P 561-641-8554 F 561-641-9448

RESIDENCE HISTORY

Current Address:

City: _____ State: _____ ZIP: _____

Own () or Rent () Years: _____

Name of Landlord: _____ Phone: _____

Previous address (*if less than 5 years at present address*)

Present Address:

City: _____ State: _____ ZIP: _____

Own () or Rent () Years: _____

Name of Landlord: _____ Phone: _____

HOMEOWNER INFORMATION:

Name(s): _____ E-Mail Address: _____

Phone: _____ Alternate Phone: _____

PLEASE SIGN BELOW:

Homeowner: _____ Date: _____

Occupant: _____ Date: _____

Tenant (if applicable) _____ Date: _____

PET INFORMATION
(Write none if no pets)

TYPE	BREED	RABIES LICENSE TAG #	COLOR	WEIGHT
TYPE	BREED	RABIES LICENSE TAG #	COLOR	WEIGHT

GATE ACCESS REQUEST

TELEPHONE # TO PROGRAM INTO GATE SYSTEM	<u>OFFICE USE ONLY</u> GATE #
---	----------------------------------



3900 Woodlake Blvd., Suite 309
Lake Worth, FL 33463
Phone (561) 641-8554 Fax (561) 641-9448

APPLICANT AUTHORIZATION

I, hereby, authorize and request any present or former landlord, employer, school, police department, financial institution, agency or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for residence.

I hereby authorize GRS Community Management to provide information to First Advantage Background Services, Corp. to obtain and verify such information including accessing consumer reporting agencies as well as performing a criminal and eviction record search.

I have been notified that a consumer report will be requested and understand that the information that First Advantage Background Services Corp. obtains is to be used in the processing of my purchase or lease application.

I hereby release and hold harmless GRS Community Management and First Advantage Background Services, Corp., its affiliates, employees and agents and any other organization that provides information from any and all liabilities arising out of the use of such information in connection with First Advantage Background Services, Corp.

Applicant #1 - Print Name: _____

Applicant's Signature: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State: _____

Applicant #2 - Print Name: _____

Applicant's Signature: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State: _____

Additional occupants over 18 please provide a separate authorization form.