

**PALM BREEZES PROPERTY OWNERS ASSOCIATION, INC.
C/O GRS MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 309
LAKE WORTH, FLORIDA 33463
(561) 641-8554
FAX (561) 641-9448**

LEASE / RESALE REQUIREMENTS

COMPLETED APPLICATION

**APPLICATION FEE - \$100.00 BY CHECK OR MONEY ORDER
MADE PAYABLE TO PALM BREEZES POA**

**ADMINISTRATIVE FEE - \$50.00 BY CHECK OR MONEY ORDER
MADE PAYABLE TO GRS MANAGEMENT ASSOCIATES**

COPY OF DRIVER'S LICENSE FOR ALL OCCUPANTS

COPY OF LEASE / SALE CONTRACT

CERTIFICATE OF APPROVAL

PALM BREEZES PROPERTY OWNERS ASSOCIATION, INC.
Application For Sale / Lease

Note: An additional application must be completed by all other occupants over the age of 18 that are not legally married to primary applicant.

FILL IN ALL BLANKS APPLICATIONS MAY BE RETURNED IF NOT FULLY COMPLETED!!

Date: _____

Desired Date of Occupancy: _____

This Application is for a: Lease () Purchase () Of Unit # _____

Property Address: _____

Realtor's Name: _____ Phone # _____

Applicant's Name: _____

Phone # _____ **Cell Phone #** _____

E-Mail Address _____

SSN # _____ **DOB** _____

DL # _____ **State** _____

MARITAL STATUS: Married () Separated () Divorce () Single ()

Spouse's Name: _____

Phone # _____ **Cell Phone #** _____

E-Mail Address _____

SSN# _____ **DOB** _____

DL # _____ **State** _____

No. Of People who will occupy the unit _____

List All Occupants:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

PETS: Yes () No () How Many? _____

Weight: _____ Type: _____

VEHICLES

Make: _____ Model: _____

Tag # _____ State: _____ Year: _____

Make: _____ Model: _____

Tag # _____ State: _____ Year: _____

RESIDENCE HISTORY

Present Address: _____

Apt: _____ OWN () RENT () Years _____

City _____ State _____ Zip _____

Name of Landlord _____ Phone # _____

Previous Address: _____

Apt: _____ OWN () RENT () Years _____

City _____ State _____ Zip _____

Name of Landlord _____ Phone # _____

Previous Address: _____

Apt: _____ OWN () RENT () Years _____

City _____ State _____ Zip _____

Name of Landlord _____ Phone # _____

EMPLOYMENT HISTORY

ARE YOU: Self-Employed? Yes () No () Retired? Yes () No ()

Employer _____

City _____ State _____ Zip _____

Phone # _____ From: _____ To _____

Dept or Position: _____

Supervisor: _____ Monthly Income _____

Previous Employer _____

City _____ State _____ Zip _____

Phone # _____ From: _____ To _____

Dept or Position: _____

Supervisor: _____ Monthly Income _____

Spouse Employer _____

City _____ State _____ Zip _____

Phone # _____ From: _____ To _____

Dept or Position: _____

Supervisor: _____ Monthly Income _____

Previous Employer _____

City _____ State _____ Zip _____

Phone # _____ From: _____ To _____

Dept or Position: _____

Supervisor: _____ Monthly Income _____

REFERENCE (No Relatives)

1. Name _____ Years Known _____

Address _____ Phone # _____

2. Name _____ Years Known _____

Address _____ Phone # _____

HAVE ANY OF THE APPLICANTS EVER BEEN ARRESTED FOR ANYTHING OTHER THAN A MINOR

TRAFFIC OFFENSE? Yes () No ()

If yes please explain: _____

Applicant represents that all information given is true and correct, and understands that as part of our procedure for processing your application, an outside agency, **ASP** will make an investigation from the information given and present their finding to us for review. This investigation may include, but is not limited to, character, general reputation, credit, residence and criminal search. Applicants agree not to hold the Association or its agent liable for the discovery or non-discovery of information or any actions taken as a result of this investigation. Authorization is hereby given to release banking, credit, residency, employment and other information pertinent to this application.

Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

PALM BREEZES PROPERTY OWNERS ASSOCIATION, INC.

CERTIFICATE OF APPROVAL FOR SALE / LEASE

The undersigned representative of Palm Breezes Property Owners Association, Inc. hereby certifies that the Board of Directors of the Association approves the Sale / Lease of the unit located at:



From (Owner): _____

To (Buyer / Tenant): _____

And further certifies that the Association authorizes the undersigned to execute this Certificate of Approval on behalf of the Association.

By: _____
Manager or Officer

Date: _____