

FAIRWAYS AT GRAND HARBOR CONDOMINIUM ASSOCIATION, INC

Application for Approval of Resale

*****ARE YOU AN ACTIVE DUTY SERVICE MEMBER? Y / N

Please complete the following and submit supporting documents 14 days prior to occupancy.

c/o Elliott Merrill Community Management
835 20th Place, Vero Beach FL 32960
772-569-9853/ Fax: 772-569-4300

For questions regarding this application please contact: Jonna Streeter at
772-569-9853 or jonnas@elliottmerrill.com

Application MUST INCLUDE:

- Completed Application
Contract for Sale with Closing Date
Certificate of Insurance, which must include:
Minimum loss Assessment coverage of \$2,000
Legible copy of Driver's License for ALL persons residing in the unit over the age of 18
Owner Information form
Certificate of Garage or Carport Assignment (if applicable)
Pet Registration form (if applicable)
Signed Consent to Release Information form
Check made payable in the amount of \$150 to THE FAIRWAYS AT GRAND HARBOR (Application Fee)
Check made payable in the amount of \$100 to THE FAIRWAYS AT GRAND HARBOR (Background Check)

Please submit a complete application with all the items listed (not piece by piece). Thank You.

Check made payable to 1 Bedroom 2 Bedroom 3 Bedroom

(Please check applicable)

BLDG. NO: UNIT NO:

APPLICATION DATE:

CLOSING DATE:

SELLER'S NAME:

ADDRESS:

Street City State Zip

PHONE NUMBER: ()

EMAIL:

Is Garage or Carport Included with Occupancy? YES NO Garage No.
Is Storage Unit included with Occupancy YES NO Storage No.

Buyer #1:

First Middle Last

Current Address:

Street City State Zip

Occupation Employer Work Phone

Email Cell Phone

Buyer #2:

First Middle Last

Current Address:

Street City State Zip

Occupation Employer Work Phone

Email Cell Phone

FAIRWAYS AT GRAND HARBOR OWNER/TENANT INFORMATION

OWNER(S) / TENANT(S) **(CIRCLE ONE)** UNIT #: _____ Lease Exp. Date: _____

NAME (1): _____

DRIVERS LICENSE NUMBER: (1) _____ STATE OF ISSUANCE: _____

EMAIL ADDRESS (1) : _____

NAME (2): _____

DRIVERS LICENSE NUMBER: (2) _____ STATE OF ISSUANCE: _____

EMAIL ADDRESS (2) : _____

GARAGE # _____ CARPORT # _____ STORAGE CLOSET # _____

ALL OCCUPANTS IN UNIT (OTHER THAN OWNER(S)/TENANT(S) NOTED ABOVE):

NAME	RELATIONSHIP	AGE

OTHER MAILING ADDRESS: _____

EMERGENCY CONTACT NAME: _____ CELL: _____

RELATIONSHIP: _____

FOB/KEY CARD(S):

FOB #	FOB #	FOB #	FOB #

VISITOR CALL BOX INFORMATION:

TELEPHONE NUMBER	NAME

MY SIGNATURE INDICATES THAT I HAVE RECEIVED A COPY, UNDERSTAND AND WILL ABIDE BY FAIRWAYS RULES AND REGULATIONS.

 DATE: _____

 DATE: _____

VEHICLE INFORMATION:

NAME	RFID NUMBER	YEAR	MAKE	MODEL	COLOR	STATE/ PLATE #

PET REGISTRATION FORM

PERMISSION FOR A PET IS FOR ONE PET ONLY, AND IS THE SPECIFIC PET DESCRIBED BELOW AND DOES NOT EXTEND TO ANY OTHER PET.

RENTER _____ UNIT # _____

OWNER _____

What type of Pet? _____ (Dog, cat, bird, etc.)
Breed _____ Age _____

Weight of Pet _____ License # _____

Do you understand and agree that you must keep your pet on a leash or hand carry your pet at all time when outside your unit on Fairways property? _____

Do you understand and agree that you will clean up after your pet and pick up pet waste and dispose of it properly? _____

Do you understand and agree the Board of Directors may revoke permission for a pet if any of these conditions are not met, if the pet constitutes a nuisance, or exceeds the weight limit, or for any other reason, in the sole discretion of the Board? _____

Do you understand and agree to be responsible for all damage caused by your pet to the Fairways Property and to the property of other owners? _____

Signed _____
Renter

- \$25.00 CASH OR CHECK (Made payable to Fairways at Grand Harbor)
- SUBMIT PHOTO OF PET
- SUBMIT RABIES VACCINATION REPORT FROM VET
50 LBS. weight limit (if your pet is at 60 lbs. need weight verification from vet)

I will not be keeping a pet at the Fairways at Grand Harbor:

Signature of Applicant

Fairways at Grand Harbor Condominium Association, Inc.

**DISCLOSURE
APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION.**

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 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.

Verification of social security number; current and previous residences; employment history; character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I hereby expressly release the Fairways at Grand Harbor Condominium Association, Inc. and its designated agent, Elliott Merrill Community Management and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, will not hold Elliott Merrill Community Management for any breach in confidentiality that may occur once the information is conveyed to the Board of Directors of Fairways at Grand Harbor Condominium Association, Inc.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

**CONFIDENTIAL INFORMATION
NOT OPEN FOR INSPECTION AS OFFICIAL RECORDS OF THE ASSOCIATION**

Applicant Last Name (Maiden Name) _____ Applicant First Name _____

Applicant SS# _____ Applicant Date of Birth: _____

Co-Applicant Last Name (Maiden Name) _____ Co-Applicant First Name _____

Co Applicant SS# _____ Co-Applicant Date of Birth: _____

Applicant Driver License # /ST
or government issued ID _____

Co-Application Driver License # /ST
or government issued ID _____

MUST ATTACH A COPY OF GOVERNMENT ISSUED IDENTIFICATION