

Grove Isle at Vero Beach Condominium Association, Inc.
680 Lake Orchid Cir.
Vero Beach, FL 32962
772/569-8011

Lease or Sale Approval Application

Application must be accompanied by a Lease Agreement or Purchase Contract properly executed. All applications to Lease/Sell unit are subject to approval of the Board of Directors of Grove Isle at Vero Beach Condominium Association, Inc. Each application submitted must be accompanied by a non-refundable Processing Fee in the amount of \$150.00 payable to the Association.

Terms (check one) Lease _____ Sale _____

Closing Date or Lease Term Dates (**MINIMUM 6 MONTHS**) _____

Unit Address _____

Applicant _____

Co-Applicant _____
Names, ages, relationship of
OCCUPANTS of Unit: _____

NOTE: The Federal Fair Housing Law requires that we have on record proof of age. You must provide a photocopy of documents showing date of birth, as proof of age for each named Owner, Occupant, or Lessee. (Driver's License, Voter's Registration Card, or first page of Passport) Grove Isle is a 55+ Community and does not permit rentals to person under age 55.

Present Address _____

Phone Number _____

How long at this address? Condo/HOA? _____

Your Occupation (Previous occupation if Retired)
Employer _____

Your Occupation (Previous occupation if Retired)

Employer _____

Do you have any hobbies? _____

Would you be interested in serving on a committee or the Board of Directors? _____

Please provide the names of two references or furnish two letters of reference to accompany this application.

Name _____ Phone _____
Address _____

Name _____ Phone _____
Address _____

Leasing Agent for Unit _____ Phone _____

Sales Agent for Unit _____ Phone _____

Closing/Title Agent for Unit _____

Phone _____

The Board of Directors will give this application immediate attention and provide a certificate of approval or disapproval within fifteen days (15) for a Lease or thirty days (30) for a Sale after receipt of all necessary information and personal interview of the lessee(s) or purchaser(s). **THE BOARD RESERVES THE RIGHT TO GIVE NO REASON FOR REFUSAL OF THIS APPLICATION.**

Grove Isle at Vero Beach Condominium Association, Inc. is hereby authorized to make any inquiries regarding this application, which it may deem necessary, from any or all references provided herein and, if necessary, may require additional references which are to be provided by you.

I/We have received current copies of the "Declaration of Condominium", "Articles of Incorporation", "By-Laws", and amendments, the "Rules and Regulations" and the "Question and Answer" report, as they affect Grove Isle at Vero Beach Condominium, Inc., which I/We have read and understand and, in all respects, agree to abide by them, upon approval of this application, by signing below

I/We do further understand that the approval of this application is discretionary with the Board of Directors. All information shall be deemed strictly confidential.

To the best of my knowledge, the information given on this application is true and correct.

Applicant Signature

Date

Co-Applicant Signature

Date

FCRA COMPLIANCE FORM

Notice/Authorization and Release for A Background Check

I, the undersigned consumer, do hereby authorize **Grove Isle Condominium Association, Inc.** by and through Employment Screening Services Inc. (ESS), to procure a background check on me. This report may include, but is not limited to, my personal credit history based on reports from any credit bureau; criminal history/records; my driving history, including any traffic citations; a social security number verification; information discerned through employment and education verifications; present and former addresses; and any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to: **Grove Isle Condominium Association, Inc.** by and through ESS, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release **Grove Isle Condominium Association, Inc.**, ESS, their successors and assigns, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or personal representatives, successors, assigns, or others making such claim or demand on my behalf, for providing a consumer report hereby authorized.

I understand that this Notice/Authorization and Release form shall remain in effect for the duration of my residency with said Company. Additionally, I give permission to investigate any incidents of general misconduct or criminal activity for which I might be alleged to have been involved during my residency. Further, I certify that the information contained on this Notice/Authorization and Release form is true and correct and that my application and/or lease will be terminated based on any false, omitted or fraudulent information.

Signature: _____

Date: _____

Printed Name: _____

First Middle Last Maiden

Other Names Used (previously married names, nickname, aliases, other):

Current Address:

Street	City	State	Zip Code
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County
How long at this address: _____

Former Address:

Street	City	State	Zip Code
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County
How long at this address: _____

Former Address:

Street	City	State	Zip Code
--------	------	-------	----------

County
How long at this address: _____

Grove Isle at Vero Beach Condominium Association, Inc.

DISCLOSURE

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION.

I hereby authorize the Grove Isle at Vero Beach Condominium Association, Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative report to be generated for residency purposes.

I understand that the scope of the consumer report/investigative report may include, but is not limited to, the following areas:

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 Grove Isle at Vero Beach 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. I further agree that I will not hold Grove Isle at Vero Beach Condominium Association, Inc., Elliott Merrill Community Management or any of their agents liable for any breach in confidentiality which may occur once the information is obtained.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

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

Applicant Last Name (Maiden Name) Applicant First Name

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

Applicant SS# _____ Co Applicant SS# _____

Applicant Date of Birth: _____ 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

OWNER/RESIDENT INFORMATION

This information will be kept confidential and is to be used only for official Association business.

Is your unit: Primary Residence 2nd Residence Investment/Rental*

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Designated Voter: _____ *This person must be one of the Unit Owners.*

Building _____ Unit Number _____ Carport # _____ (May be on your closing docs)

Mail Box # Contact P.O. Left/Middle/Right Phone Number _____

Email 1 _____ Email 2 _____

Cellular 1 _____ Cellular 2 _____

Vehicle Identification:

	Car #1	Car #2
Make/Model	_____	_____
Color	_____	_____
Grove Isle Parking Permit #	_____	_____

Owner Alternate Address _____

Alternate Phone _____ How many months do you reside there? _____

Do you have a dog? Yes No Do you have a cat? Yes No Other Pet? Yes No *Please provide proof of vaccination for your pet and update annually.*

Do you have someone looking after your home while you are away? Yes No

Name _____ Phone Number _____

Do you have a unit key stored at the Association Office? Yes No *We request this for emergency purposes only.*

PLEASE UPDATE EMERGENCY CONTACT INFORMATION AS NEEDED

Emergency Contact: _____ Relationship _____

Emergency Phone: _____ Alt. Phone _____

Emergency Contact: _____ Relationship _____

Emergency Phone: _____ Alt. Phone _____

*Rentals— A separate form is needed for both owner and tenant.

Grove Isle at Vero Beach Condominium Association, Inc.
680 Lake Orchid Cir.
Vero Beach, FL 32962
772-569-8011
772-5694369 Facsimile

PET CERTIFICATION AND/OR REGISTRATION

Unit Owner/Resident Name(s): _____

Unit Address: _____

No Pet Certification

I/We do certify that there will be no pets in my/our condominium at Grove Isle. Additionally, if, in the future a pet does become part of the household, I/we will notify the Association's administrative office of such change and provide the necessary documentation to register the new pet at that time.

Applicant Signature Date Applicant Signature Date

Pet Registration

Type of pet: Dog Cat

Name of Pet: _____ Breed: _____

Weight: _____ Height: _____ (inches) Sex _____ Age _____

Color: _____ Distinguishing Markings: _____

Please attach veterinarian certificate of vaccination, licensing documentation, and return to Grove Isle. Residents of Grove Isle are permitted a single pet of twenty-five pounds or less at MATURITY.

QUICK DIGEST OF THE MOST FREQUENTLY REFERRED TO RULES

General Rules & Regulations

- No smoking within 30 feet of any building
- Owners are responsible for rule compliance by their guests and renters
- Children 16 or younger must be accompanied by adults when using common element amenities (billiard room, ping pong, exercise equipment, tennis/shuffle board/Nature trail, dock & launch areas, or around lakes)
- No excessive noise
- Wear cover-ups except in pool area
- Do not hang articles of clothing or towels on railings
- No car repairs on property
- No swimming or wading in lakes
- When fishing please return all fish to lake (Catch & Release)
- No feeding wildlife!
- Walk facing traffic – when walking, morning & evening or in darkness please use a flash light and reflective clothing

Driving & Parking

- Speed limit is 20 MPH
- **Pickup trucks are not permitted** overnight except at the Riveredge Clubhouse
- Park face-in at guest parking spots
- Do not park on the grass or main roadways
- No motorcycles, motorized scooters/bicycles, or skateboards

Pools & Spa (Hours are Dawn to Dusk)

- Read and obey all pool signs
- Use at your own risk – **NO LIFEGUARD ON DUTY**
- Children 16 years and younger must be with an adult
- **Any person who is not toilet trained is prohibited from using the pools and spa**
- No running, diving, or jumping into pool or spa
- Shower before using pool or spa
- Pool noodles are permitted in the pool but all other pool toys, rafts, tubes and floats are prohibited
- No food or beverage within 8 feet of pool
- No glassware allowed on pool deck or any other outdoor recreation facility
- **No diapers or incontinence products are permitted by any pool user**

Pets

- Pets **must be registered with the Association**
- Owners are permitted to have either ONE dog or ONE cat
- **Pets cannot weigh more than 25 pounds when mature**
- Pets must be on a leash not longer than 6 feet and accompanied at all times while in common areas
- Walk pets only on grass areas adjacent to the road, not on the grass in front of the condos/villas and not near the lamp posts
- Pet deposits must be removed from common areas and disposed of properly
- No pets are allowed on the Nature Trail or any Recreational Areas

Signature

Date

GROVE ISLE AT VERO BEACH CONDOMINIUM ASSOCIATION, INC.

VOTING CERTIFICATE
(Designated Voter Form)

TO: Secretary
Grove Isle at Vero Beach
Condominium Association, Inc.
680 Lake Orchid Circle
Vero Beach, FL 32962

KNOW ALL MEN BY THESE PRESENTS, that the undersigned are the record owner(s) of the condominium unit described below and hereby constitute(s), appoint(s) and designate(s)

_____ as the voting representative for the condominium unit owned by said undersigned pursuant to the Bylaws of the Association.

The aforementioned voting representative is hereby authorized and empowered to act in the capacity herein set forth until such time as the undersigned otherwise modifies or revokes the authority set forth in this voting certificate.

Date this _____ day of _____, 20____

Unit Owner Signature

Printed Name of Unit Owner

Unit Owner Signature

Printed Name of Unit Owner

Building and Unit Number _____

Grove Isle _____ **(Bldgs. 1-J & Villas)** or **Grove Isle East** _____ **(Bldgs. K-P)**

THE PERSON DESIGNATED BY THIS VOTING CERTIFICATE MUST BE ONE OF THE DEEDED OWNERS OF THE UNIT. THIS VOTING CERTIFICATE MUST BE COMPLETED AND RETURNED IF THE UNIT IS OWNED BY MORE THAN ONE PERSON OR A CORPORATION OR OTHER ENTITY. IF THE UNIT IS OWNED BY MORE THAN ONE PERSON, ALL PERSONS MUST SIGN THE VOTING CERTIFICATE. IF THE UNIT IS OWNED BY A CORPORATION OR OTHER ENTITY, THE VOTING CERTIFICATE MUST BE SIGNED BY THE PRESIDENT IF OWNED BY A CORPORATION, THE MANAGING GENERAL PARTNER IF OWNED BY A PARTNERSHIP, TRUSTEE IF OWNED BY A TRUST, OR MANAGING MEMBER IF OWNED BY A LIMITED LIABILITY COMPANY.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)

NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO BE PROCESSED PROPERLY'

I (we) hereby authorize the Grove Isle Condo Assn, Inc and its agent, Elliott Merrill Community Management, hereinafter called "Company," to initiate debit entries to my (our) Checking Account or Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called "Depository," and to debit the same to such account for the purpose of collecting assessments for my community association. I (we) understand that this debit will occur on or about the 7th business day of each month in which assessment payments are due. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number (9 digits): _____ Account Number: _____

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time, and in such manner, as to afford Company and Depository a reasonable opportunity to act on it.

My Grove Isle Property Address: _____ Vero Beach, FL 32962

Name(s): _____
(Please print) (Please print)

Signature(s): _____

Date: Phone #(s): _____

Email(s): _____

PLEASE RETURN FORM AND VOIDED CHECK TO:
Elliott Merrill Community Management
Attn: Accounts Receivable
835 20th Place
Vero Beach, FL 32960

Questions? Contact accounts receivable at 772-569-9853.

NOTE: COMPLETED FORM & VOIDED CHECK MUST BE RECEIVED IN OUR OFFICE PRIOR TO MONTH/QUARTER END, IN ORDER TO BE PROCESSED FOR THE NEXT MONTH/QUARTER.

Management Company Use Only:

Date entered into TOPS: _____ By: _____