



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

## PORT ANTIGUA AT CORAL BAY VILLAGE ASSOCIATION, INC.

### APPLICATION FOR LEASE

- ***\$200.00 Non-refundable application processing fee for each applicant (unless married) and payable to GRS Community Management in the form of a money order or cashier's check.***

### INDIVIDUAL COMMUNITY REQUIREMENT CHECKLIST

- \_\_\_\_\_ A copy of purchase or lease contract is attached.
- \_\_\_\_\_ Copy of driver's license(s) and vehicle registration(s) are attached.
- \_\_\_\_\_ No unit may be occupied or used for any commercial or business purpose.
- \_\_\_\_\_ A minimum credit score of 670 is required.
- \_\_\_\_\_ Owner must obtain title for a minimum of twelve (12) months leasing the homesite.
- \_\_\_\_\_ No more than two (2) household pets are permitted per unit.
- \_\_\_\_\_ Rental homes must secure a Residential Rental Property Registration from the City of Margate.
- \_\_\_\_\_ At the time of the Lease application (whether it is a New Lease or Lease Renewal) the Lot Owner MUST NOT be delinquent in the payment of the Association dues and/or have any open and unresolved violations. The account must be brought current before any lease application can be considered for approval by the Association.
- \_\_\_\_\_ The approval of a lease application may take up to thirty (30) days.

**APPROVAL REQUIRED** – Application, fees and all applicable documentation must be mailed, or hand delivered to GRS Community Management at the address indicated above. *Please note separate fees apply for additional documentation such as estoppels or questionnaires.*

***A Certificate of Approval is required for all leases.***

Please visit [grsmgt.com](http://grsmgt.com) > ***Port Antigua at Coral Bay Village Association, Inc. > Association Documents and/or > Rules & Regulations*** for a comprehensive overview of the Rules and Regulations of the Associations.

# PORT ANTIGUA AT CORAL BAY VILLAGE ASSOCIATION, INC.

## Lease Application

Please print legibly and complete all the sections.

LEASE BEGIN DATE:	LEASE END DATE:
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### UNIT INFORMATION

PROPERTY ADDRESS	MOVE-IN DATE
CURRENT OWNER NAME	CONTACT #

### APPLICANT INFORMATION

APPLICANT NAME	CO-APPLICANT NAME
PRIMARY CONTACT #	PRIMARY CONTACT #
EMAIL	EMAIL
CURRENT MAILING ADDRESS	CURRENT MAILING ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP
EMERGENCY CONTACT NAME & TELEPHONE	EMERGENCY CONTACT NAME & TELEPHONE
MARITAL STATUS      MARRIED ( )      SINGLE ( )	MARITAL STATUS      MARRIED ( )      SINGLE ( )

### OTHER APPLICANTS OR OCCUPANTS

NAME	RELATIONSHIP	DOB
NAME	RELATIONSHIP	DOB
NAME	RELATIONSHIP	DOB

### REALTOR INFORMATION

REALTOR'S NAME	PHONE #	EMAIL
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**ADDITIONAL INFORMATION**  
**EMPLOYMENT HISTORY – (For Lessees Only)**

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

EMPLOYER	CO-APPLICANT/SPOUSE EMPLOYER
CITY-STATE-ZIP	CITY-STATE-ZIP
PHONE #	PHONE #
EMPLOYED FROM: TO:	EMPLOYED FROM: TO:
DEPARTMENT OR POSITION	DEPARTMENT OR POSITION
SUPERVISOR	SUPERVISOR
MONTHLY INCOME	MONTHLY INCOME

**VEHICLE INFORMATION**

*(Please refer to the Association's Declaration of Covenants, Conditions & Restrictions for Vehicle & Parking Restrictions.)*

MAKE	MODEL	COLOR	STATE	TAG #
MAKE	MODEL	COLOR	STATE	TAG #
MAKE	MODEL	COLOR	STATE	TAG #

**PET INFORMATION**

*(Two (2) household pets are permitted per unit)*

*(Write NONE if no pets)*

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

# AUTHORIZATION FILE DISCLOSURE

## APPLICANT/TENANT CONSENT

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver ' s License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
2nd Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver' s License Number

\_\_\_\_\_  
State

**ADDITIONAL OCCUPANTS OVER 18, AUTHORIZATION FORM IS REQUIRED**





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**PORT ANTIGUA AT CORAL BAY VILLAGE ASSOCIATION, INC.  
PET REGISTRATION**

*(Please complete a separate registration form for each pet)*

Name of Homeowner(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

**A.** Please indicate type of pet(s)/animal(s), including service animals. Attach a recent picture of your pet(s), taken within the last six (6) months, and accurately show the pet(s)/animal(s) as of the date of this registration.

**I. Type of Pet(s):** \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_

Breed: \_\_\_\_\_ Tag Number: \_\_\_\_\_

**II. Veterinarian Reference:** (Please attach a current certificate of vaccination/health certified by a licensed veterinarian within the past thirty (30) days.)

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

**B.** By submitting this registration application, Resident understands and agrees that the pet(s)/animal(s) is subject to the association's governing documents, including but not limited to association's Declaration of Covenants and Restrictions and its Rules and Regulations and all state and local laws. Accordingly:

1. Two (2) common household pets are permitted in may be kept in each home.
2. When outside the unit, all pet(s)/animal(s) must be on a leash which is attached to the pet/service animal and in direct physical control of a person capable of always controlling such pet and the pet(s)/animal(s) will not be left unattended at any time.
3. Residents agree to register the pet(s)/animal(s) in accordance with local laws and requirements, and to immunize pets in accordance with such local laws and requirements.
4. Residents shall be responsible for any damage created by a pet/animal to association property.



**PORT ANTIGUA AT CORAL BAY VILLAGE ASSOCIATION, INC.**

**PROSPECTIVE LESSEE ACKNOWLEDGEMENT**

The undersigned being a prospective Owner or Lessee of the following Lot/Unit No.: \_\_\_\_\_ and Property Address: \_\_\_\_\_, in **Port Antigua at Coral Bay Village Association, Inc.** acknowledges that I/We have read, understand, and agree to follow and abide by all the terms and conditions of the following Documents for both the Association and Master Association.

- a. Declaration of Covenants, Conditions, and Restrictions
- b. Articles of Incorporation
- c. By-Laws
- d. Rules & Regulations
- e. Any and all Amendments to all Association Documents.

Dated: \_\_\_\_\_ Lessee Signature: \_\_\_\_\_  
Lessee Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_ Lessee Signature: \_\_\_\_\_  
Lessee Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_ Lessee Signature: \_\_\_\_\_  
Lessee Print Name: \_\_\_\_\_