

**SEASONS HOMEOWNERS ASSOCIATION**  
**C/O GRS COMMUNITY MANAGEMENT.**  
**3900 WOODLAKE BLVD., SUITE 309**  
**LAKE WORTH, FL 33463**  
**PHONE (561) 641-8554 / FAX (561) 641-9448**

**APPLICATION FOR LEASE**

- ( ) \$200.00 (non-refundable) background check fee **PER APPLICANT**, payable: **GRS Community Management**
- ( ) \$100.00 (non-refundable) Application Fee, payable: **Seasons Homeowners Association**
- ( ) A copy of fully executed lease attached. Incomplete applications will not be accepted.
- ( ) Copy of driver's license and/or ID's for ALL residents over 18 yrs. and copy of the vehicle registrations attached

**\*\*\*\*\* MUST OWN FOR ONE (1) YEAR PRIOR TO RENTING \*\*\*\*\***

Application must be delivered to GRS Community Management office at above address and all documents must be submitted with the application.

# Lease Application

## SEASONS HOMEOWNERS ASSOCIATION

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 – <i>RELATIONSHIP TO APPLICANT</i>
PRIMARY CONTACT #	PRIMARY CONTACT #
<b>EMAIL</b>	<b>EMAIL</b>
CURRENT MAILING ADDRESS	CURRENT MAILING ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP
EMERGENCY CONTACT NAME & TELEPHONE	EMERGENCY CONTACT NAME & TELEPHONE
MARTIAL STATUS      MARRIED ( )      SINGLE ( )	MARTIAL STATUS      MARRIED ( )      SINGLE ( )

### OTHER OCCUPANTS LIVING IN HOME

NAME	RELATIONSHIP	DOB
NAME	RELATIONSHIP	DOB
NAME	RELATIONSHIP	DOB

### REALTOR INFORMATION

REALTOR'S NAME	PHONE #	EMAIL
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**SEASONS HOMEOWNERS ASSOCIATION**  
**ADDENDUM TO LEASE APPLICATION**

THIS ADDENDUM is made between \_\_\_\_\_ (“Landlord”) and  
\_\_\_\_\_ (“tenant(s)”) for unit: \_\_\_\_\_ effective this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_  
and is intended to and shall supplement, amend and modify that certain Lease dated \_\_\_\_\_, in the  
following respects:

1. Tenant(s) are subject to and shall abide by Florida Statutes: Assessments: Tenant Occupancy: Where an owner is delinquent in any monetary obligation to the Association, the Association can make a demand for the tenant to pay to the association the future monetary obligations related to the Association unit owed to the Association. The demand must be in writing. If the tenant fails to comply, the Association may have the tenant evicted in accordance with Florida Statutes. The unit owner shall give the tenant a credit against rent due to the unit owner for any amounts paid by the tenant to the Association.
  
2. In the event the landlord/owner becomes delinquent in payment of assessments (regular, general or special) or other charges to the Association, the Association may notify the tenant. Upon such notification, the tenant shall be obligated to pay the rent required under the lease to the Association, until all delinquent assessments and other charges have been paid in full. During the period of time the tenant is paying the rent to the Association, the landlord shall not seek to evict the tenant for non-payment of rent.

**LANDLORD**

\_\_\_\_\_  
Signature

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

**TENANT**

\_\_\_\_\_  
Signature

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

**TENANT**

\_\_\_\_\_  
Signature

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

# 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 it's 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

\_\_\_\_\_  
2<sup>nd</sup> 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**