

LUCERNE LAKES CONDOMINIUM  
ASSOCIATION, INC  
( LUCERNE POINTE VILLAS CONDO)  
3900 WOODLAKE BLVD. #309  
LAKE WORTH, FL.  
PHONE 561 641 8554  
FAX 561 641 9448

55 & OVER COMMUNITY

APPLICATION REQUIRED

APPLICATION FEE \$ 100.00

COPY OF SALE OR LEASE CONTRACT REQUIRED

APPROVAL REQUIRED

LUCERNE LAKE CONDOMINIUM ASSOCIATION, INC  
G.R.S. MANAGEMENT ASSOCIATIONES, INC  
3900 WOODLAKE BLVD SUITE 309  
LAKE WORTH, FL 33463  
PHONE 561 641 8554  
FAX 561 641 9448

INSTRUCTIONS FOR APPLICATION FOR LEASE OR SALE

1. Complete every line/blank on the attached documents. All questions must be answered. All blanks completed. Should the question not apply, answer "N/A". PRINT COMPLETE mailing addresses, including zip codes. IF THIS APPLICATION IS NOT LEGIBLE OR IS NOT COMPLETELY AND ACCURATELY FILLED OUT, MANAGEMENT COMPANY, ASSOCIATION, AND/OR OWNERS WILL NOT BE RESPONSIBLE/LIABLE FOR ANY INACCURATE INFORMATION IN THE INVESTIGATION AND RELATED REPORT CAUSED BY OMISSION OR ILLEGIBILITY.
2. A non-refundable application fee of \$100.00 EACH must accompany EACH Application (per unrelated applicant).
3. Return the attached forms to GRS Management at the address listed at the top of This form, along with a copy of the sale or lease agreement
4. The references listed on the application must be thoroughly investigated, prior to any meeting with the interview committee. The association has thirty (30) days from the receipt of a valid and completed set of responses to the association's inquiries in which to give their decision.
5. Prior to final approval, all applicants must be interviewed. The Board of Directors normally gives management their decision within twenty-four (24) Hours following the interview.
6. Should the unit have funds owing the association, an application for lease or sale Will not be considered a valid one; until such time as all balances due the Association have been satisfied or arrangements for payment have been made. Such funds are not deemed paid in full until all checks have cleared the bank. Please allow additional time for all out of the area checks to clear, before requesting an interview. The association as thirty (30) days from the time of full Satisfaction of all balances owing in which to interview the applicant and give their decision.

INSTRUCTIONS FOR APPLICATION FOR LEASE OR SALE

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7. If approval is given, on the purchase of the unit, the Association will furnish the proper written approval form to the designated party. Should the application be for a purchase, the designated party then agrees to furnish a copy of the WARRANTY DEED, along with the buyers' LEGAL MAILING ADDRESS and telephone number, to the Management Company, immediately following the close of the sale. The Management Company will not amend their records, recording a new owner without said Warranty Deed.
8. It is the Sellers' obligation to furnish the following to the buyer:
  - a. A full set of current Documents and the Rules & Regulations.
  - b. Keys to the unit, mailbox, community gates, access device to security gates, pool tags.
9. It is the Lessors' obligation to furnish the following to the Lessees:
  - a. A current copy of the Documents & Rules and Regulations.
  - b. Keys to the unit, mailbox, community gates, access device to security gates, pool tags.
  - c. It is the Lessors' obligation to keep the Lessees advised of any change in -rules & regulations or other community information applicable to the Lessee during the term of the lease.
10. It is the unit owners' obligation to insure that correct mailing addresses and telephone numbers are kept up to date with the Management Company.
11. Homeowner fees are due monthly, in advance, on the 1st days of each month. Coupons will be mailed to you as a courtesy at the end of each year for the following year. It is your responsibility to pay these fees even if coupons are not received. If you do not receive the coupons, please contact GRS Management @ 641-8554 and a new set will be mailed to you.
12. In order to Occupy a unit, you must be 55 years old or older.

Should you have any questions concerning the Condominium Association, please feel free to contact GRS Management @ 641 8554 and they will be happy to assist you.

## LEASE/SALE APPLICATION

Date: \_\_\_\_\_ Date of Occupancy: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_  
Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_  
( ) Single ( ) Married ( ) Widow ( ) Separated ( ) Divorced  
Number of People who will occupy unit(adults): \_\_\_\_\_  
Names & Ages of Children who will occupy: \_\_\_\_\_  
Description of Pets (breed, size, color, weight): \_\_\_\_\_  
In case of emergency notify: \_\_\_\_\_

### **(PLEASE PRINT) PART 1 - RESIDENCE HISTORY (5 YEARS MINIMUM)**

- A) Present Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Apt or Condo Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date of Residency: \_\_\_\_\_  
Landlord or Mortgage: \_\_\_\_\_ Phone #: \_\_\_\_\_
- B) Previous Address: \_\_\_\_\_  
Apt or Condo Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date of Residency: \_\_\_\_\_  
Landlord or Mortgage: \_\_\_\_\_ Phone #: \_\_\_\_\_
- C) Previous Address: \_\_\_\_\_  
Apt or Condo Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date of Residency: \_\_\_\_\_  
Landlord or Mortgage: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **(PLEASE PRINT) PART 2 - EMPLOYMENT & BANK REFERENCES**

- A) Employed by: \_\_\_\_\_ Phone #: \_\_\_\_\_  
How Long: \_\_\_\_\_ Position: \_\_\_\_\_ Approx Mthly Income: \_\_\_\_\_  
Address: \_\_\_\_\_
- B) Spouse's Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_  
How Long: \_\_\_\_\_ Position: \_\_\_\_\_ Approx Mthly Income: \_\_\_\_\_  
Address: \_\_\_\_\_
- C) Bank Reference: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Account #: \_\_\_\_\_ ( ) Checking ( ) Savings  
How Long: \_\_\_\_\_  
Address: \_\_\_\_\_
- 13) Bank Reference: \_\_\_\_\_ Phone #: \_\_\_\_\_  
How Long: \_\_\_\_\_ Account #: \_\_\_\_\_ ( ) checking ( ) Savings  
Address: \_\_\_\_\_

### **(PLEASE PRINT) PART 3-CHARACTER REFERENCES**

1. \_\_\_\_\_ Res Phone #: \_\_\_\_\_ Bus Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_
2. \_\_\_\_\_ Res Phone #: \_\_\_\_\_ Bus Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_
3. \_\_\_\_\_ Res Phone #: \_\_\_\_\_ Bus Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

Number of cars (to be parked here): \_\_\_\_\_ Drivers Lic #: \_\_\_\_\_ State: \_\_\_\_\_

IF THIS APPLICATION IS NOT LEGIBLE OR IS NOT COMPLETELY AND ACCURATELY FILLED OUT, G.R.S. MANAGEMENT ASSOCIATES, INC. AND THE ASSOCIATION WILL NOT BE LIABLE OR RESPONSIBLE FOR ANY INACCURATE INFORMATION IN THE INVESTIGATION AND RELATED REPORT TO THE ASSOCIATION CAUSED BY SUCH OMISSIONS OR ILLEGIBILITY.

BY SIGNING THE APPLICATION, THE APPLICANT RECOGNIZES THAT THE ASSOCIATION OR THEIR AGENT, G.R.S. MANAGEMENT ASSOCIATES, INC., MAY INVESTIGATE THE INFORMATION SUPPLIED BY THE APPLICANT AND A FULL DISCLOSURE OF PERTINENT FACTS MAY BE MADE TO THE ASSOCIATION. THE INVESTIGATION MAY BE MADE OF THE APPLICANT'S CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING AS APPLICABLE.

SIGNATURE: \_\_\_\_\_  
APPLICANT

SIGNATURE: \_\_\_\_\_  
SPOUSE

INSTRUCTIONS FOR APPLICATION FOR LEASE OR SALE  
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I UNDERSTAND THE REQUIREMENTS AND OBLIGATIONS, AS SET FORTH ABOVE,  
AND AGREE TO COMPLY WITH SAME.

OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

BUYER: \_\_\_\_\_ DATE: \_\_\_\_\_

BUYER: \_\_\_\_\_ DATE: \_\_\_\_\_

LESSEE: \_\_\_\_\_ DATE: \_\_\_\_\_

LESSEE: \_\_\_\_\_ DATE: \_\_\_\_\_

LUCERNE LAKE  
CONDOMINIUM ASSOCIATION

RE: Application for and LUCERNE LAKE CONDO

TO: LUCERNE LAKE CONDO Board of Directors  
Lucerne Point Recreation Association

FROM \_\_\_\_\_  
(Name of Unit Owner selling/leasing

This will introduce \_\_\_\_\_, who  
Has purchased /leased the following unit as of \_\_\_\_\_  
With a lease expiration date of \_\_\_\_\_, Building  
No. \_\_\_\_\_ Unit No. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_

Upon acceptance by the Board of Directors, please issue the proper  
approval documents and I.D. Cards

\_\_\_\_\_  
Unit Owner

TO ALL NEW RESIDENTS:

WE REQUEST ALL NEW RESIDENTS TO BREAK DOWN  
ALL CARTONS AND PLACE THEM INSIDE A DUMPSTER.  
THE WASTE MANAGEMENT COMPANY DOES NOT PICK  
UP ITEMS THAT ARE PLACED OUTSIDE THE DUMPSTER.

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New Resident



Building No. \_\_\_\_\_ Unit No. \_\_\_\_\_

OTHER PERSONS WHO WILL OCCUPY THE UNIT WITH YOU:

Name	age	relationship
Name	age	relationship
Name	age	relationship

LUCERNE LAKE  
CONDOMINIUM ASSOCIATION

RE: Application for LUCERNE LAKE CONDOMINIUM  
AND LUCERNE POINT

TO: LUCERNE LAKE: Board of Directors  
Lucerne Point Recreation Association

FROM: \_\_\_\_\_  
(name of unit owner selling/leasing unit)

This will introduce \_\_\_\_\_, who  
Has purchased/leased the following unit as of \_\_\_\_\_  
With a lease expiration date of \_\_\_\_\_, building  
No. \_\_\_\_\_ Unit No. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone: \_\_\_\_\_

Upon acceptance by the Board of Directors, Please issue the proper approval documents and I.D. cards

LUCERNE LAKE CONDOMINIUM ASSOCIATION, INC.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

LOCAL PHONE # \_\_\_\_\_ OUT OF TOWN # \_\_\_\_\_

YOUR ALTERNATE (out of town) MAILING ADDRESS \_\_\_\_\_

EMERGENCY CONTACT (Local or out of state)

NAME: \_\_\_\_\_ 0 \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

In emergency does the association have a key to your  
unit: Yes No

If not please give a key to your building president

DOES YOUR UNIT HAVE AN ALARM? If so alarm code \_\_\_\_\_

WHO HAS A KEY TO YOUR UNIT: NAME \_\_\_\_\_

A D D R E S S \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DO YOU HAVE A HOUSE SITTER? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE PROVIDE: NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

DO YOU LEASE UNIT: Yes \_\_\_\_ NO \_\_\_\_ IF SO PLEASE PROVIDE THER NAME  
AND PHONE

NUMBER. \_\_\_\_\_

WHAT IS YOUR ORIGINAL ASSIGNED PARKING LOT NUMBER \_\_\_\_\_

IF NOT KNOWN SPEAK TO YOUR BUILDING PRESIDENT. \_\_\_\_\_

HOW MANY CARS DO YOU REGULARLY PARK IN OUR  
LOTS? \_\_\_\_\_

PLEASE SUPPLY US WITH ANY FURTHER INFORMATION YOU MAY WANT US TO  
KEEP ON

RECORD \_\_\_\_\_

PLEASE PRINT ALL INFORMATION

PLEASE RETURN FORM TO GRS MANAGEMENT

561 641 8554

561 641 9448

LUCERNE LAKE CONDOMINIUM ASSOCIATION, INC.

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**AGE VERIFICATION CERTIFICATE**

The following information must be furnished by the owner or owners of each residence so that the Association may monitor the percentage of residences occupied by at least one person 55 years of age or older in order to preserve the status of LUCERNE LAKE CONDO as a community of housing for older persons in accordance with LUCERNE LAKE CONDO documents and the Federal Fair Housing Act.

Lot# \_\_\_\_\_ Address \_\_\_\_\_

1. Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

2. Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Occupant(s) {Include owner(s) above if occupant(s)}

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

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

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

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

The undersigned certify that the above information is true and correct and that within fifteen (15) days after any changes thereof the undersigned will notify the Board of Directors of LUCERNE LAKE Condominium Association, Inc. of such change in writing

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Owner

Date \_\_\_\_\_

**G.R.S. MANAGEMENT ASSOCIATES, INC.**

**AUTHORIZATIONS TO RELEASE BANKING, CREDIT, RESIDENCE AND  
EMPLOYMENT INFORMATION**

I HAVE NAMED YOU AS A REFERENCE ON MY APPLICATION FOR RESIDENCY.

YOU ARE HEREBY AUTHORIZED TO RELEASE AND GIVE TO THE BELOW PARTY(S)  
OR THEIR ATTORNEY OR REPRESENTATIVE, ANY AND ALL INFORMATION THEY  
REQUEST CONCERNING MY BANKING, CREDIT, RESIDENCE, AND EMPLOYMENT IN  
REFERENCE WITH MY/OUR APPLICATION MADE FOR RESIDENCY.

DESIGNATED PARTY: **G.R.S. MANAGEMENT ASSOCIATES, INC.**

I HEREBY WAIVE ANY PRIVILEGES I MAY HAVE WITH RESPECT TO THE SAID  
INFORMATION IN REFERENCE TO ITS RELEASE TO THE AFORESAID PARTY(S).

PHOTOCOPIES OF THIS AUTHORIZATION MAY BE MADE TO FACILITATE  
MULTIPLE INQUIRIES. IN THE EVENT YOU DO RECEIVE A PHOTOCOPY OF  
THIS AUTHORIZATION, IT SHOULD BE TREATED AS AN ORIGINAL AND THE  
REQUESTED INFORMATION SHOULD BE RELEASED TO FACILITATE MY/OUR  
APPLICATION FOR RESIDENCY.

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
APPLICANTS NAME PRINTED

\_\_\_\_\_  
SPOUSES SIGNATURE

\_\_\_\_\_  
SPOUSES NAME PRINTED

DATE: \_\_\_\_\_

## **ADDENDUM TO LEASE**

THIS ADDENDUM is made between \_\_\_\_\_ ("Landlord") and \_\_\_\_\_ ("Tenant") 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 all covenants and restrictions and rules and regulations set forth in the Amended and Restated Declaration of Conditions, Covenants, Easements and Restrictions for Lucerne Lakes Condominium Association, Inc. (LLC) Bylaws of LLC; Articles of Incorporation of LLC; and any rules and regulations for LLC.

2. In the event the landlord/owner becomes delinquent in payment of assessments (regular 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.

Witness:

LANDLORD

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
By:

\_\_\_\_\_  
By:

TENANT(S)

Witness:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
By:

\_\_\_\_\_  
By: