

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:

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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.**

**A COPY OF THE HOMEOWNER'S LIABILITY INSURANCE MUST BE SUBMITTED WITH THIS FORM OR PET WILL NOT BE APPROVED.**

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

- SUBMIT PHOTO OF PET
- SUBMIT RABIES VACCINATION REPORT FROM VET
- 50 LBS. weight limit (if your pet is at 50 lbs. need weight verification from vet)

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

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Signature of Applicant

**Fairways at Grand Harbor Condominium Association, Inc.**

**DISCLOSURE**

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

I hereby authorize the Fairways at Grand Harbor 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 consumer 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 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 \_\_\_\_\_

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**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**