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

o Elliott Merrill Community Management 835 20th Place, Vero Beach FL 32960 772-569-9853/ Fax: 772-569-4300

Please submit a

For questions regarding this application please contact: Jonna Streeter at 772-569-9853 or jonnas@elliottmerrill.com

Application MUST INCI ☐ Completed Application ☐ Contract for Sale with C ☐ Certificate of Insurance ☐ Minimum loss A ☐ Legible copy of Driver' ☐ Owner Information form ☐ Certificate of Garage or ☐ Pet Registration form (i) ☐ Signed Consent to Relea	complete application with all the items listed (not piece by piece). Thank You. (Application Fee)			
☐ Check made payable in Check made payable to	the amount of \$100 to <i>THE</i> 1 Bedroom			
(Please check applicable)	1 Deuroom_			·
APPLICATION DATE:	-	BLD	G. NO:U	NII NO:
CLOSING DATE:				
SELLER'S NAME:				
ADDRESS: Sti	reet	City PHONE	State NUMBER: ()	Zip
EMAIL: ********* Is Garage or Carport Included with the storage Unit included With the stor	ž	******* NO NO	**************************************	
First		Middle	Las	ıt
Current Address:Str	reet	City	State	Zip
Occupation	Employer		Work Phone	
Email			Cell Phone	
Buyer #2:				
First Current Address:	reet	Middle City	Las	
Occupation	Employer	Спу	Work Phone	Zip
 Email			Cell Phone	

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PLEASE PROVIDE ALL NAMES OF ADDITIONAL OCCUPANTS OF THE UNIT:

NAME:	AGE:	-
NAME:	AGE:	-
NAME:	AGE:	_
IN CASE OF EMER	GENCY PLEASE CONTACT:	
Have you previously l	lived at the Fairways at Grand Harbor? If so please pro	ovide dates, name of owner & unit #:

1. PETS □ I wi	nt Must Initial and Date Each Number Paragraph I Il be keeping a pet at the Fairways ☐ I will be provide Pet Registration Form)	
I understand that for a waste must be picked	on owner, 1 pet is allowed with Board approval. A pet up and disposed of properly. Your pet must not cause	a nuisance. The pet must weigh less
than 50 pounds. Appro	oval of a pet may be revoked at any time at the discrete Initials	tion of the Board. Date
spaces or carports	into one parking space. No boats, RV's, trailers, or exp s. No unregistered vehicles or non-operational vehicles le per unit kept on the property.	posed equipment shall be kept in parking
		Date
•	carports & spaces) – No commercial use of garages. Savalid. Only registered occupants and owners may utility	ize garages.
	Initials	Date
4. Occupant understa monitoring of cam	ands security cameras are in use and may be used in apneras is provided.	•
	Initials	Date
5. Keys – Occupants premises.	agree not to give out keys, codes, cards or to allow un	-
	Initials	Date
· · · · · · · · · · · · · · · · · · ·	sehold trash may be placed in the dumpster. No mattre er or on the premises. No trash stored outside a unit.	esses or furniture or other items shall be
	Initials	Date
7. Risk – Use of the reasonability of th	common facilities is at the occupants own risk. Any in the Association.	ijury to occupants or guest is not the
·	Initials	Date
of the Association, the I vendors, and invitees will	Foregoing is a partial statement of the rules, that we have recovered peclaration of Condominium and bylaws of the Association III abide by the Rules contained in those documents. I acknow, complete and current. I agree to notify the Association process.	a. We acknowledge and affirm that we, our guests wledge by signing below, the information provided
Date: / /2	2021	
Print Name	Signature	
Print Name	Signature	

FAIRWAYS AT GRAND HARBOR OWNER/TENANT INFORMATION

OWNER(S) / TENANT(S) (CIRCLE ONE)	UNIT #:	Lea	se Exp. Date: _	
NAME (1):					_
DRIVERS LICENSE NUMB	BER: (1)		STAT	E OF ISSUANCE	i:
EMAIL ADDRESS (1) :					
NAME (2):					
DRIVERS LICENSE NUMB	BER: (2)		STAT	E OF ISSUANCE	i:
EMAIL ADDRESS (2) :					
GARAGE #	_ CARPORT#_		STORAGE CL	OSET #	
ALL OCCUPANTS IN UNIT	(OTHER THAN	OWNER(S)/TE	NANT(S) NOTE	ED ABOVE):	
NAME			RELAT	IONSHIP	AGE
OTHER MAILING ADDRES	SS:				
OTHER MAILING ADDRES	SS:				
OTHER MAILING ADDRES EMERGENCY CONTACT I RELATIONSHIP:	SS:				
OTHER MAILING ADDRES EMERGENCY CONTACT I RELATIONSHIP:	SS:			CELL:	
OTHER MAILING ADDRES EMERGENCY CONTACT I RELATIONSHIP: FOB/KEY CARD(S):	SS: NAME: FOB #			CELL:	
OTHER MAILING ADDRES EMERGENCY CONTACT I RELATIONSHIP: FOB/KEY CARD(S):	SS: NAME: FOB #			CELL:	
OTHER MAILING ADDRES EMERGENCY CONTACT I RELATIONSHIP: FOB/KEY CARD(S): VISITOR CALL BOX INFO	SS: NAME: FOB #	FOB#		CELL:	
OTHER MAILING ADDRES EMERGENCY CONTACT I RELATIONSHIP: FOB/KEY CARD(S): VISITOR CALL BOX INFO	SS: NAME: FOB #	FOB#		CELL:	
OTHER MAILING ADDRESS EMERGENCY CONTACT IN RELATIONSHIP: FOB/KEY CARD(S): VISITOR CALL BOX INFO TELEPHONE NUMBER MY SIGNATURE INDICATION	FOB #	FOB #	FOB#	FOB #	
OTHER MAILING ADDRES EMERGENCY CONTACT I RELATIONSHIP: FOB/KEY CARD(S): VISITOR CALL BOX INFO TELEPHONE NUMBER MY SIGNATURE INDICATI AND REGULATIONS.	FOB #	FOB # NAME RECEIVED A (FOB #	FOB #	

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 L IABI LT Y INSUR ANCE 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 PetLicense	e#
Do you understand and agree that you must keep your pet outside your unit on Fairways property?	on a leash or hand carry your pet at all time when
Do you understand and agree that you will clean up after y properly?	your pet and pick up pet waste and dispose of it
Do you understand and agree the Board of Directors may a conditions are not met, if the pet constitutes a nuisance, or the sole discretion of the Board?	revoke permission for a pet if any of these rexceeds the weight limit, or for any other reason, in
Do you understand and agree to be responsible for all dam Fairways Property and to the property of other owners?	•
Signe	ed Renter
	Renter
• SUBMIT PHOTO OF PET	
 SUBMIT RABIES VACCINATION REPORT FR 50 LBS. weight limit (if your pet is at 50 lbs. need 	
I will not be keeping a pet at the Fairw	vays at Grand Harbor:
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 breech in confidentially 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			
	CONFIDENTIAL INFORMATION CTION 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