

THE GROVE AT RIVER OAKS HOA, INC.

Upper Real Estate Management
2200 N Commerce Pkwy S-200 Weston FL, 33326
Phone: 954-683-7655
Email: operations@upperrealestatemanagement.com

NEW OWNER APPLICATION PACKAGE

Completed applications should be submitted to upper real estate management via email at operations@upperrealestatemanagement.com with the subject line: Application to purchase

IMPORTANT:

Applications take at least one (1) week and may take up to thirty (30) days to process. Each potential occupant should complete the application and provide all the required documentation and payments. Providing complete and legible information and documents the first time and the required online payment will help expedite your application.

The pages of this Application are numbered, and ALL pages must be returned, or it is considered incomplete.

THE GROVE AT RIVER OAKS HOA

Instructions for Application to purchase:

To apply for occupancy at The Grove at the River Oaks requires the following to be completed and submitted to the management company:

1. Complete this Screening Application Package and submit all pages to Upper Real Estate Management (pages are numbered). Please complete the entire Package and do not leave any blanks. Where appropriate, you should note "none," or if a question does not apply, write "N/A". If any items are left blank, incomplete, or not legible (or if any pages are missing), then the Package is incomplete and will be returned for correction and resubmission.
2. Complete and submit a separate screening Authorization Form for each person aged 18 or older (Forms Attached).
3. COLOR COPIES REQUIRED: Provide legible color copies of government-issued Driver's License and State ID. International applicants must also show proof of a permitted stay in the US with a legible Visa.
4. PHOTOS REQUIRED: Provide color photos of each vehicle owned by applicants. If pets, provide color photos of each pet.
5. For any pets, an official printout from a veterinarian needs to be provided reflecting the most recent vaccinations as well as the weight of the pet.

6. Provide the following payments:

- Each applicant over 18 must pay a fee of \$125.00 (non-refundable) for a background check. The check will be made payable to The Grove at the River Oaks.

IMPORTANT NOTES:

a- You should keep copies for your future reference.

b- This application will not be reviewed until all the above items are properly provided. Upon review of all materials submitted, you will be notified if additional information and/or answers are required.

c- Every attempt is made to expedite once a completed package is received, but it can take up to 30 days to finalize.

d- Occupants may not move in until the board provides written Approval.

THE GROVE AT RIVER OAKS HOA
SCREENING APPLICATION PACKAGE

Print Neatly and Legibly

Unit Address at The Grove at the River Oaks:

Number of Bedrooms in this unit: _____

Parking acknowledgement that each unit only gets two spots (in their garage)—all cars **MUST** be parked in the garage and there are no other parking spaces for owners. Guest spots are not for residents' to use.
Initial her: _____

REALTOR/AGENT: _____

Realtor/Agent Address: _____

Realtor/Agent Telephone #: _____ Realtor/Agent Email Address: _____

Owner's ATTORNEY Name and Contact info: _____

Occupants

Number of adults (18+) who will occupy unit: _____ Number of minors who will occupy unit: _____

Occupant #1: _____ Relationship: _____

Occupant #2: _____ Relationship: _____

Occupant #3: _____ Relationship: _____

Have any of the occupants been convicted of a crime? _____

Personal Information

Print Neatly/Legibly

If you need additional space to answer a question, use separate sheet of paper and indicate "See Additional Paper"

Also, be sure to indicate on the Additional Paper "Occupant #1" and the question you are answering

Occupant#1:

PERSONAL INFORMATION:

Full Name: _____ Date of Birth: _____

Telephone #: _____ Email Address: _____

Driver License #: _____ Issuing Authority: _____

Marital Status: _____ If married, name of spouse: _____

Social Security #: _____

Any pets? _____ If yes, how many total: _____ Type of pet(s): Dog _____ Cat _____

How many vehicles do you own/lease? _____ How many vehicles that you own/lease will be parked in community? _____

Have you ever been arrested? _____ If yes, how many times? _____ Date(s)? _____

Where Arrested? _____ Charge(s): _____

Explain _____

Have you ever been convicted of a crime? _____ If yes, how many times? _____ Date(s): _____

Where convicted? _____ Charge(s): _____

Explain: _____

Are you a registered sex offender? _____ If yes, provide details: _____

EMPLOYMENT:

Name of Current Employer: _____

Address of Current Employer: _____

Current Employer Business Phone(s) #: _____

Dates of Employment: _____ Position: _____

Supervisor's name: _____ Phone: _____

If current employment is less than six (6) months, name of previous Employer: _____

Dates of Employment with previous Employer: _____ Current Compensation: _____

Continued Occupant #1

RESIDENCE HISTORY

Present Address (full address, including unit#): _____

How long lived at present address? _____ Name of Development: _____

Landlord Name: _____ Landlord Phone#: _____

If you lived at the address above for less than two (2) years, please indicate prior address and landlord contact information:

Has a current or previous landlord ever cited you for violations? _____ If yes, explain: _____

Have you ever been evicted or asked to move out? _____ If yes, explain: _____

I certify that ALL contained herein the entire Application Package (all the answers I've provided as well as documents and information on any attached papers) are true and correct. I acknowledge that false, omitted, or misleading information herein may constitute grounds for rejection of this application, future termination of right of occupancy, and/or forfeiture of deposits and may constitute a criminal offense under the laws of the State of Florida. I also acknowledge an understanding of the Rules and Regulations at The Grove at the River Oaks and will comply (and understand that should I fail to comply, I may be subject to the following (but not limited to) eviction, termination of right of occupancy, non-approval for renewal of lease, forfeiture of deposits, etc.

Occupant #1: _____ Date: _____

Applicant Signature

Personal Information

Print Neatly/Legibly.

If you need additional space, use separate sheet of paper and indicate "See Additional Paper" on that line.

Also, be sure to indicate on the Additional Paper "Occupant #2" and the question you are answering.

IF THIS IS A MINOR, ONLY PROVIDE FULL NAME AND DATE OF BIRTH AND INDICATE "MINOR" at top

Occupant#2:

PERSONAL INFORMATION:

Full Name: _____ Date of Birth: _____

Telephone #: _____ Email Address: _____

Driver License #: _____ Issuing Authority: _____

Marital Status: _____ If married, name of spouse: _____

Social Security #: _____

Any pets? _____ If yes, how many total: _____ Type of pet(s): Dog _____ Cat _____

How many vehicles do you own/lease? _____ How many vehicles that you own/lease will be parked in community? _____

Have you ever been arrested? _____ If yes, how many times? _____ Date(s)? _____

Where Arrested? _____ Charge(s): _____

Explain: _____

Have you ever been convicted of a crime? _____ If yes, how many times? _____ Date(s): _____

Where convicted? _____ Charge(s): _____

Explain: _____

Are you a registered sex offender? _____ If yes, provide details: _____

EMPLOYMENT:

Name of Current Employer: _____

Address of Current Employer: _____

Current Employer Business Phone(s) #: _____

Dates of Employment: _____ Position: _____

Supervisor's name: _____ Phone: _____

If current employment is less than six (6) months, name of previous Employer: _____

Dates of Employment with previous Employer: _____ Current Compensation: _____

Continued Occupant #2

RESIDENCE HISTORY

Present Address (full address, including unit#): _____

How long lived at present address? _____ Name of Development: _____

Landlord Name: _____ Landlord Phone#: _____

If you lived at the address above for less than two (2) years, please indicate prior address and landlord contact information:

Has a current or previous landlord ever cited you for violations? _____ If yes, explain: _____

Have you ever been evicted or asked to move out? _____ If yes, explain: _____

I certify that ALL contained herein the entire Application Package (all the answers I've provided as well as documents and information on any attached papers) are true and correct. I acknowledge that false, omitted, or misleading information herein may constitute grounds for rejection of this application, future termination of right of occupancy, and/or forfeiture of deposits and may constitute a criminal offense under the laws of the State of Florida. I also acknowledge an understanding of the Rules and Regulations at The Grove at the River Oaks and will comply (and understand that should I fail to comply, I may be subject to the following (but not limited to) eviction, termination of right of occupancy, non-approval for renewal of lease, forfeiture of deposits, etc.

Occupant #2: _____ Date: _____

Applicant Signature

Personal Information

Print Neatly/Legibly.

If you need additional space, use separate sheet of paper and indicate "See Additional Paper" on that line.

Also, be sure to indicate on the Additional Paper "Occupant #3" and the question you are answering.

IF THIS IS A MINOR, ONLY PROVIDE FULL NAME AND DATE OF BIRTH AND INDICATE "MINOR" at top

Occupant#3:

PERSONAL INFORMATION:

Full Name: _____ Date of Birth: _____

Telephone #: _____ Email Address: _____

Driver License #: _____ Issuing Authority: _____

Marital Status: _____ If married, name of spouse: _____

Social Security #: _____

Any pets? _____ If yes, how many total: _____ Type of pet(s): Dog _____ Cat _____

How many vehicles do you own/lease? _____ How many vehicles that you own/lease will be parked in community? _____

Have you ever been arrested? _____ If yes, how many times? _____ Date(s)? _____

Where Arrested? _____ Charge(s): _____

Explain: _____

Have you ever been convicted of a crime? _____ If yes, how many times? _____ Date(s): _____

Where convicted? _____ Charge(s): _____

Explain: _____

Are you a registered sex offender? _____ If yes, provide details: _____

EMPLOYMENT:

Name of Current Employer: _____

Address of Current Employer: _____

Current Employer Business Phone(s) #: _____

Dates of Employment: _____ Position: _____

Supervisor's name: _____ Phone: _____

If current employment is less than six (6) months, name of previous Employer: _____

Dates of Employment with previous Employer: _____ Current Compensation: _____

Continued Occupant #3

RESIDENCE HISTORY

Present Address (full address, including unit#): _____

How long lived at present address? _____ Name of Development: _____

Landlord Name: _____ Landlord Phone#: _____

If you lived at the address above for less than two (2) years, please indicate prior address and landlord contact information:

Has a current or previous landlord ever cited you for violations? _____ If yes, explain: _____

Have you ever been evicted or asked to move out? _____ If yes, explain: _____

I certify that ALL contained herein the entire Application Package (all the answers I've provided as well as documents and information on any attached papers) are true and correct. I acknowledge that false, omitted, or misleading information herein may constitute grounds for rejection of this application, future termination of right of occupancy, and/or forfeiture of deposits and may constitute a criminal offense under the laws of the State of Florida. I also acknowledge an understanding of the Rules and Regulations at The Grove at the River Oaks and will comply (and understand that should I fail to comply, I may be subject to the following (but not limited to) eviction, termination of right of occupancy, non-approval for renewal of lease, forfeiture of deposits, etc.

Occupant #3: _____ Date: _____

Applicant Signature

VEHICLE INFORMATION – ALL OCCUPANTS

What is the TOTAL number of vehicles that will be parked in the building: _____

Vehicle #1:

Make: _____ Model: _____ Color: _____ Year: _____

Tag#: _____ Expiration Date of Registration (month/year): _____

State of Registraton: _____ Vehicle owned/leased by: _____

Vehicle #2:

Make: _____ Model: _____ Color: _____ Year: _____

Tag#: _____ Expiration Date of Registration (month/year): _____

State of Registraton: _____ Vehicle owned/leased by: _____

I acknowledge that the above vehicles are the ONLY vehicles that I/we own or lease (and if there are additional vehicles owned/leased, I have provided information). These vehicles must be parked properly in the garage in our assigned spaces only or on the street. I/we understand that should we violate these rules, I/we are subject to the following (but not limited to) - towing (at my expense as Lessee(s)) as well as possible fines and/or legal fees, eviction, termination of occupancy, and rejection for future Lease Applications. By signing below, I acknowledge an understanding of the rules – and that I have provided complete and accurate information regarding all vehicles I/we own and/or lease.

Applicant/Occupant #1 Date

Applicant/Occupant #2 Date

Applicant/Occupant #3 Date

PET INFORMATION FORM

There is a limit of two (2) pets [dogs or cats] per Unit.

You will also need to submit a color photo of your pet(s) as well as an official printout from your veterinarian reflecting the date of most recent vaccinations and pet(s) weight.

Please note that all pet owners are responsible for cleaning up any excretions of their pets anywhere in the building and/or on property. Also, all pets must be leashed and controlled when outside of unit. Any pet noise which becomes a nuisance to neighbors will not be allowed. Failure to comply with these rules can lead to fines and/or other action at your expense. In addition, continued violation can lead to additional fines, legal and other action, termination of occupancy rights and just cause for rejection of future Applications.

UNIT INFORMATION:

Owner Name(s): _____

Property Address: _____

Phone#: _____ Phone#: _____

Email: _____ Email: _____

PET #1 INFORMATION

Pet Name: _____ Pet Weight: _____ Pet Age: _____ Pet Gender: _____

Pet Type (Circle): Dog Cat Pet Breed: _____ Coat Markings: _____

Veterinarian Name: _____

Veterinarian Address: _____

Veterinarian Phone Number: _____ Date of Last Visit to the Veterinarian: _____

Was it for a regular and/or Annual checkup? _____ If no, explain: _____

PET #2 INFORMATION

Pet Name: _____ Pet Weight: _____ Pet Age: _____ Pet Gender: _____

Pet Type (Circle): Dog Cat Pet Breed: _____ Coat Markings: _____

Veterinarian Name: _____

Veterinarian Address: _____

Veterinarian Phone Number: _____ Date of Last Visit to the Veterinarian: _____

Was it for a regular and/or Annual checkup? _____ If no, explain: _____

REMINDER- PROVIDE COLOR PHOTO OF EACH PET AS WELL AS VETERINARIAN PRINTOUT FOR EACH PET WHICH MUST INCLUDE INFORMATION REGARDING MOST RECENT VACCINATIONS & PET WEIGHT

Initial indicating an understanding of rules regarding pets: _____
#1 #2 #3