

ASSOCIATION APPLICATION FORM

APPLICANT:				_GENDER:
PHONE NUMBER:		EMAIL:		
ADDRESS:				
DATE OF BIRTH:	122)	N):		
DRIVER'S LICENSE:				_State:
CO-APPLICANT:				GENDER:
ADDRESS:				
PHONE NUMBER:		EMAIL:		
DATE OF BIRTH:	122)	N):		
DRIVER'S LICENSE:				State:
There is a \$40.00 application fee t	for each perm	anent occupa	nt adult.	
LOT #:				
☐ PURCHASING LOT WITH EXIST!	NG UNIT			
☐ PROVIDING OWN UNIT: YEAR_		MAKE		
MODEL	COLOR			SIZE
VEHICLE INFORMATION:				
No more than two vehicles per unit a	re permitted o	n Grand River L	anding prope	rty. Please list make,
model, and license tag number(s) of v	vehicle(s):			
1. MAKE MOI	DEL		TAG #	
2. MAKE MOI	DEL		TAG #	

PETS:

Dogs and cats are not permitted to roam free, and must remain under owner control at all times. Pet owners are responsible for picking up and properly disposing of their pet's waste. Vaccinations and license records must be current and provided upon request.



BACKGROUND QUESTIONNAIRE:

1. Have you ever been convicted of or ple explanation)	ead guilty to a felony offense? YES NO (If YES, please
2. As of this date, do you have any pendinexplanation)	ng criminal charges against you? ☐ YES ☐ NO (If YES, please
	arged for elder abuse or financial exploitation of a senior explanation)
	ght against you, or had a lien attached to a property, for the YES NO (If YES, please explanation)
(Association) is contingent upon an invest background. If admission is approved, the use restrictions stated in the Association	sion into the Grand River Landing Condo Owner Association tigative inquiry into applicant(s) criminal and financial se applicant(s) agree to comply with the rules, regulations and by-laws and all standing or future directives issued by the nt(s) further acknowledge that a buy-in fee of \$400 is payable sing.
into the applicant(s) background, including full release of any and all records necessathis application. Additionally, I release an full extent permitted by law from any clatcharge or complaint filed with any agency understand that according to the Federal	sociation and/or its agent, to conduct an investigative inquiry ng criminal history and credit worthiness; and consent to the ary for the Association to make a determination for approval of and discharge the Association and its agent and associates to the ims, damages, losses, liabilities, costs expenses or any other y arising from retrieving and reporting this information. I Fair Credit Reporting Act, I am entitled to know whether formation obtained and to receive, upon written request, a
I HEREBY CERTIFY THAT ALL INFORMATION THE BEST OF MY/OUR KNOWLEDGE.	ON PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO
Signed this day of _	, 20
Applicant (Print Name)	Co-Applicant (Print Name)
Applicant Signature	Co-Applicant Signature
ASSOCIATION USE ONLY:	
☐ APPROVED ☐ DENIED BY	r.