



Grand Horizons Homeowners Association Application

37601 Corey Lewis Ave., Zephyrhills, FL 33541

For Purchase of Lot(s):

Street Address:

MANDATORY INFORMATION

Last Name		First Name		Date of Birth (MM-DD-YYYY)	
Current Mailing Address:					
Telephone No.		Alternate Telephone No.		Cell No.	
Email Address # 1			Email Address # 2		
Pets – Maximum of 3 Dogs and / or Cats NOT to exceed 40 Pounds each at maturity. NO EXOTIC PETS ARE ALLOWED					
Yes / No		Type / Breed		Weight	
Vehicle(s) (Make / Model)			License Plate(s) No.		
Emergency Contact(s)					
Name		Telephone / Cell		Email Address	

Please complete this form with current [Picture ID](#) that contains your date of birth along with a [Photo of Each Pet](#) and return it to Sales/Resales at the HOA Grand Horizons' office, 37601 Corey Lewis Ave., Zephyrhills, FL 33541, at least one week prior to closing.

This information is required to keep Grand Horizons compliant with Federal and State Fair Housing Act & 55 Plus Community restrictions.

This information is for your protection and will be kept [CONFIDENTIAL](#).

I / We hereby authorize Grand Horizons HOA, or one of its affiliates, permission to perform a credit & background check as a condition of approval. A \$50.00 per applicant non-refundable fee is required for credit and background checks.

Signature

Picture ID Attached ☐

Date

Signature

Picture ID Attached ☐

Date

Approved: YES / NO by Grand Horizons HOA Board _____ on _____

Revised: 7-9-2017

BACKGROUND/CREDIT CHECK/RESIDENCY POLICY

BACKGROUND CHECK CRITERIA

Each person wishing to become a resident must fill out and sign a background and consumer credit form. Each individual applying for residency must not have been convicted as a sexual offender or of any violent offences. The applicant must not have had any felonies within the past ten (10) years.

CREDIT CHECK CRITERIA

The applicant must have a minimum credit score of Six Hundred Fifty (650) or above. Grand Horizons obtains the FICO score through Experian. The Applicant must not have had any tax liens or judgments that have not been resolved.

RESIDENCY CRITERIA

Residency requirements are set out in our corporate documents, namely, bylaws and/or rules passed and adopted for residents

Minimum age requirements: One resident must be 55 years of age or older and no other person in the household can be less than 40 years of age. (See background investigations and/or credit check procedures for other criteria and/or exceptions.)

ALL of the above confidential criteria will be reviewed by the community manager who will make recommendation(s) to the Board of Directors or a committee appointed by the board who will have final decision making as to the approval or denial.

☐

APPROVED

☐

DENIED

Any exception(s) MUST be made and approved by the Board of Directors or a committee appointed by the board. A written explanation of the exception(s) must be attached or included below.

All applicants must read and accept the rules and regulations prior to taking residency.

Applicant has the right to appeal a decision with the Board of Directors in writing within 30 days.

Applicant:

Lot #:

Address:

BACKGROUND INVESTIGATIVE AUTHORIZATION

I understand that Grand Horizons HOA, Inc., through its agent Corelogic, reserves the right to conduct background investigations concerning applicants. I understand background investigations on me may include gathering information through consumer reporting agencies, driver's license searches and/or criminal record searches, or through personal interviews with my previous employers (including ending salary, dates of employment, work ethic, disciplines, etc), neighbors, friends or others with whom I am acquainted. These investigations may include information relating to my credit history, criminal history, character, education (including course of studies, grade point average, dates attended, degree earned), general reputation and personal characteristics, as permitted by law. This investigation may also include investigative consumer reports as defined in the Federal Fair Credit Reporting Act. This notice is given in compliance with the Act.

I understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of an investigative report obtained pursuant to the Act. I understand that I may request the name and address of the reporting agency furnishing such a report obtained under the Act; however, I also understand that Grand Horizons HOA, Inc. is not responsible by law nor is it obligated in any way to provide me a copy of any report or to disclose to me the content of any report it receives from any reporting agency obtained under the Act. If I desire a copy of any such report, it is my responsibility to obtain a copy at my expense from the reporting agency.

I do hereby expressly release Grand Horizons HOA, Inc. and its employees and any person, association, firm or corporation furnishing Grand Horizons HOA, Inc. with any information concerning me or my affairs from any claims, cause of action or damages that may have or purport to have arisen by reason of having disclosed or furnished any information concerning me or my affairs, the provision of any law to the contrary being hereby expressly waived.

Acknowledged and agreed to this day of , 20

Applicant Signature

Printed Full Name

Home Address

City/State/Zip

Social Security Number

Date of Birth

Driver License # & State

[illegible]