

CASCADES AT RIVER HALL RESIDENTS' ASSOCIATION, INC.
C/O GRS MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 309
LAKE WORTH, FLORIDA 33463
PHONE (561) 641-8554
FAX (561) 641-9448

RESALE REQUIREMENTS

COMPLETED APPLICATION

APPLICATION PROCESSING FEE - \$50.00 CHECK OR MONEY ORDER MADE
PAYABLE TO GRS MANAGEMENT ASSOCIATES

55 AND OVER COMMUNITY

COPY OF DRIVER'S LICENSE FOR ALL OCCUPANTS

CERTIFICATE OF APPROVAL

CONTACT GRS FOR ADT SECURITY FORM

CASCADES AT RIVER HALL RESIDENTS' ASSOCIATION, INC.

AGE VERIFICATION CERTIFICATE

The following information must be furnished by the owner or owners of each residence so that the Association may monitor the percentage of residences occupied by at least one person 55 years of age or older in order to preserve the status of Cascades at River Hall as a community of housing for older persons in accordance with Cascades at River Hall documents and the Federal Fair Housing Act.

Lot #: _____ Address: _____

Owner(s) as they appear on the last recorded deed:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Occupant(s) include owner(s) above if an occupant:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

The undersigned certify that the above information is true and correct and that within fifteen (15) days after any changes thereof the undersigned will notify the Board of Directors of Cascades at River Hall Residents' Association, Inc., of such changes in writing.

_____ Owner

_____ Owner

_____ Owner

_____ Owner

Date: _____

CASCADES AT RIVER HALL RESIDENTS' ASSOCIATION, INC.

Gate Registry Information and /or Bar Code Request Form

Please select 3 more digits for your gate PIN (all PINs start with zero first): 0 _ _ _
Press # first, then your 4 digit PIN number at the gate key pad to open the gate.

Please check all that apply:

I need a bar code(s) – Vehicle Make/Model _____

Vehicle Make/Model _____

I need my name / phone number placed in the gate front entry system.

Resident Name: _____ Lot #: _____

Address: _____

Home Phone: _____ Your home number will be used in the gate registry unless otherwise indicated.

Cell Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____
(Person with key to your Residence)

Occupants Living At This Address

1. Last Name: _____ First Name: _____

2. Last Name: _____ First Name: _____

3. Last Name: _____ First Name: _____

4. Last Name: _____ First Name: _____

Please mail or fax the completed form to:

GRS Management Associates, Inc.
3900 Woodlake Blvd., Suite 309
Lake Worth, Florida 33463
Fax (561) 641-9448

CASCADES AT RIVER HALL RESIDENTS' ASSOCIATION, INC.

RESIDENT E-BLAST INFORMATION FORM

Please Print

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Alternate Address (if applicable): _____

Alternate Phone Number: _____

Please register on the Cascades at River Hall website to access information on events, past newsletters, meeting minutes, etc. at www.cascadesriverhall.net.

By signing this form you agree to have the above information published in our Resident Directory. You will also be included in all email blasts which relay pertinent information regarding the Cascades community.

Print Name

Signature

Date

Please return completed form by mail, fax or e-mail to:

GRS Management Associates, Inc.

Attn: Stacy Garcia, LCAM

3900 Woodlake Blvd., Suite 309

Lake Worth, Florida 33463

Fax (561) 641-9448 Email sgarcia@grsmgt.com