



GOOD DEED PROGRAM APPLICATION

Your Name _____

Your Email _____

Your Phone _____

Property Address _____

To be deed-restricted

Parking Included _____ Yes _____ Garage _____ Street _____ # Spaces _____ No

Tenancy _____ I own it

Mortgage Owed \$ _____

HOA _____ Yes _____ No Right of First Refusal? _____ Yes _____ No

Any Current, Pending or Upcoming Special Assessments from the HOA? _____ Yes _____ No

Tenancy _____ I'm buying it

_____ I have a contract on it for \$ _____ purchase price

_____ I don't have a contract yet

Listing Agent _____

Name

Email Address

Do you intend to _____ Live in it as my primary residence _____ Rent it out as a primary Residence

Additional information about the property you'd like to share? _____

SUBMIT THIS FORM TO: lwoodyard@gvrha.org

PLEASE allow up to 5 business days for GVRHA staff to contact you regarding your request.

