

Heritage Oaks at Tradition Homeowners' Association, Inc.



3171 SE Dominica Terrace | Stuart, FL 34997

T: 772-219-4474 | F: 772-219-4746

OWNER OCCUPANT ADD-ON APPLICATION INSTRUCTIONS

The following items must be completed and/or submitted to Signature Property Management:

- Owner Occupant Add-On Application to be completed in full
- Acknowledgement of Covenants & Deed Restrictions must be reviewed and signed
- Copy of Driver License(s)
- A non-refundable processing fee of \$125.00 made payable to *Signature Property Management*
- A Background Check is required. A non-refundable fee of \$65.00 payable to Signature Property Management. If applicant other than US Citizen please contact SPM for the amount of the processing fee.

NOTE: All applications must be submitted in full. If not, this will delay the approval process. Applications take a minimum of 14business days for processing. Please submit your application to us in a timely manner to avoid a delay. *An Owner Occupant Add-On is not approved until a Certificate of Approval has been issued.*

NOTE: *An orientation must be completed by all new residents in order to obtain barcodes and clubhouse/pool access. Orientations are given on Friday's at 9am at the clubhouse and are attended by appointment only. Once you are approved, we will contact you to set the date.*

Submit the entire package to:

Heritage Oaks at Tradition HOA, Inc.
c/o Signature Property Management
3171 SE Dominica Terrace
Stuart, FL 34997

Applications will not be accepted via fax or email. If an application is submitted incomplete, it will not be accepted or processed until all the required information and fees are received.

Updated: 01/01/2021

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CHECKLIST FOR OWNER OCCUPANT ADD-ON APPLICATION – Please Print

Property Address: _____

Move In Date: _____

General Submission requirements:

- Completed Owner Occupant Add-On Application
- A non-refundable processing fee of \$125.00 made payable to *Signature Property Management*
- A non-refundable background processing fee(s) of \$65.00 per occupant over 18 years payable to *Signature Property Management* along with the signed authorization form per adult (Check with SPM for cost if other than US citizen)
- Copy of Driver License(s)
- Certificate of Approval for delivery options :
 - _____ Email Copy to Owner

I certify that the information requested above and contained in this application are attached, true and correct. I understand that any falsification, misrepresentation, or omission is grounds for refusal to approve this sale application.

Applicant Signature: _____ Date: _____

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OWNER OCCUPANT ADD-ON APPLICATION – *Please Print*

DATE: _____

PROPERTY ADDRESS: _____

MOVE-IN DATE: _____

CURRENT HOMEOWNER INFORMATION: *(all information must be printed and legible)*

Name of Owner: _____

Address of Owner: _____

Owner Phone Number: _____ Email: _____

APPLICANT INFORMATION:

Applicant Name: _____

Applicant Present Phone Number: _____ Cell: _____

Applicant Present Address: _____

*Applicant Email Address: _____

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VEHICLE REGISTRATION FORM

LICENSE DRIVER:

Name: _____ License #: _____ State: _____

DESCRIPTION OF VEHICLE(S):

Vehicle #1

Vehicle #2

Make: _____

Make: _____

Model: _____

Model: _____

Year: _____

Year: _____

Color: _____

Color: _____

Tag #: _____

Tag #: _____

State: _____

State: _____

Vehicle #1 registered to: _____

Vehicle #2 registered to: _____

Applicant Signature: _____ Date: _____

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PERSONAL REFERENCES: *(Other than family members)*

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

RESIDENCE HISTORY: *(If less than five (5) years, provide previous residence information on separate sheet)*

1. Previous Address:

Address	City/State/Zip
---------	----------------

I/We have _____ owned OR _____ rented this home for (length of time) _____

Name of Landlord or Mortgage holder:

_____ Phone: _____

2. Previous Address:

Address	City/State/Zip
---------	----------------

I/We have _____ owned OR _____ rented this home for (length of time) _____

Name of Landlord or Mortgage holder:

_____ Phone: _____

EMERGENCY CONTACTS:

1. In case of Emergency notify: _____

Address: _____ Phone: () _____

2. In case of Emergency notify: _____

Address: _____ Phone: () _____

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**Acknowledgement of Association
Rules & Regulations & Governing Documents**

I ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

I have received from the Property Owner a copy of all the deeded Documents, Rules and Regulations as amended, or as may be promulgated hereafter by the Board of Directors. I understand that I am moving into a deed restricted community. I have read, understand, and agree to abide by said Documents, Rules, and Regulations of Heritage Oaks Home Owners Association, Inc.

Applicant: _____
(Signature)

Applicant: _____
(Print Name)

Date: ____/____/____

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BACKGROUND AUTHORIZATION INQUIRY RELEASE FORM

In connection with my application for residency I understand various sources will be contacted to provide an investigative background inquiry on me which may include but not be limited to: identity and prior address verification, criminal history, consumer credit history, bankruptcy, lien, civil judgment and eviction record history. I authorize any source contacted to furnish the above information and release, discharge and indemnify the end user listed below and its agents and associates from any claims, damages, losses, liabilities, costs and expenses arising from the retrieving and reporting of the requested information. I allow a photocopy of this authorization be accepted with the same authority as the original. This signed release expires one year after the date of origination.

PLEASE PRINT

Association Name: Heritage Oaks at Tradition HOA - For Residency

Prospective Occupant's FULL Legal Name: _____
(First) (Middle) (Last)

Maiden Name(s) (if applicable): _____
(First) (Middle) (Last)

Previous Married Name (if applicable): _____
(First) (Middle) (Last)

Social Security Number: _____ **DOB:** _____

Driver's License # (if have one): _____ **State:** _____

Current Street Address: _____

City/State/Zip: _____

Previous Street Address (if you have one): _____

City/State/Zip: _____

Applicant Phone: _____

Applicant Signature: _____ **Date:** _____

PLEASE NOTE: This signature must be hand signed, not computer generated.

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RESPONSIBILITIES TO BE HANDLED BY OWNER PRIOR TO APPROVAL

Call Property Management Office at 772-219-4474 to determine if property has any outstanding violations before submitting application

(This form must be filled out to obtain Board signature on C.O.A)

The owner of property located at: _____

Has not resolved the following violations: _____

Applicant Signature: _____ **Date:** _____

As soon as the owner is in compliance, your application can be finalized