

# Heritage Oaks at Tradition Homeowners' Association, Inc.



3171 SE Dominica Terrace | Stuart, FL 34997

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

## **SALE APPLICATION INSTRUCTIONS**

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

- Copy of Fully Executed Sales/Purchase Contract
- Sales Application to be completed in full
- Acknowledgement of Covenants & Deed Restrictions must be reviewed and signed
- Copy of Driver License(s)
- A non-refundable application fee of \$175.00 made payable to *Heritage Oaks HOA*.
- 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 per occupant over the age of 18 payable to Signature Property Management applies. If applicant other than US Citizen please contact SPM for the amount of the processing fee.
- Please complete the pet application pages and return. **Even if you have no pets, they must be initialed and returned. Also proof of license and vaccinations must be returned.**

**NOTE:** All applications must be submitted in full. If not, this will delay the approval process. Applications take a minimum of 14 business days for processing. Please submit your application to us in a timely manner to avoid a delay.

*A Sale 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 SALE APPLICATION– *Please Print*

Property Address: \_\_\_\_\_

Closing Date: \_\_\_\_\_

General Submission requirements:

- Completed Sales Application
- Fully executed Sales/Purchase Contract
- A non-refundable application fee of \$175.00 made payable to *Heritage Oaks HOA*.
- 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 Pet Application Photo of Pet(s), Proof of vaccination(s) and license(s)
- Copy of Driver License(s)
- Title Company Information:
  - Company Name: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Contact #: \_\_\_\_\_
  - Email: \_\_\_\_\_
- Owners Realtor Information:
  - Company Name: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Contact #: \_\_\_\_\_
  - Email: \_\_\_\_\_
- Buyers Realtor Information:
  - Company Name: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Contact #: \_\_\_\_\_
  - Email: \_\_\_\_\_
- Certificate of Approval for delivery options: (Mark "X" by delivery option)
  - \_\_\_\_\_ Email Copy to Realtors
  - \_\_\_\_\_ Email Copy to Owner
  - \_\_\_\_\_ Mail Original to: \_\_\_\_\_

*I/We 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

\_\_\_\_\_  
Co-Applicant Signature

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## SALE APPLICATION – *Please Print*

DATE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

CLOSING DATE: \_\_\_\_\_

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

Name of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### APPLICANT(S) INFORMATION (BUYER):

Applicant Name: \_\_\_\_\_

Member of the United States Armed Forces on Active Duty or State Active Duty or member of the Florida National Guard and United States Reserve Forces     YES     NO    (COPY OF ID REQUIRED)

Applicant Present Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Applicant Present Address: \_\_\_\_\_

\*Applicant Email Address: \_\_\_\_\_

Co-Applicant Name: (Listed on Contract) \_\_\_\_\_

Co-Applicant Present Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Co-Applicant Present Address: \_\_\_\_\_

\*Applicant Email Address: \_\_\_\_\_

***\*BY PROVIDING YOUR EMAIL ADDRESS, YOU AUTHORIZE THE MANAGEMENT COMPANY TO COMMUNICATE VIA EMAIL REGARDING ASSOCIATION BUSINESS\****

### Occupant(s) other than the applicants:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

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**RULE RESTRICTING LEASING OF UNITS**

The following Rule shall govern the leasing of any unit in Heritage Oaks at Tradition: **RULE.** At the time any person or entity acquires title to a unit, such owner shall not be permitted to lease the acquired unit for a period of twenty four (24) months, unless the number of rentals is less than 10% of the total number of homes in the community at any time during that 24 month period. After the twenty four (24) month period expires, such owner may lease the unit in accordance with the Lease Covenants and Restrictions set forth in the Declaration. The Association will, at all times, maintain a record of the units that are currently being leased and will furnish such record, within ten (10) business days, to any person or entity that is a bona fide prospective purchaser of a unit or other prospective transferee of a unit. This Rule shall not apply to any unit that is owned by the Association or a unit that is acquired by any first mortgagee through foreclosure or acceptance of a deed in lieu of foreclosure. This Rule also shall not apply to any person who acquires title to a unit by inheritance or to units transferred between spouses, or members of an Owner's immediate family, including children and step-children.

**\*\*\*\*Approved at the Board of Directors Meeting of 10/29/20\*\*\*\*\***

If you have any questions, please feel free to contact us at Signature Property Management at 772-219-4474

Sincerely,

*Scott Montagna*

Scott Montagna-LCAM, CMCA  
For and on behalf of the Board of Directors

\_\_\_\_\_  
BUYER SIGNATURE

\_\_\_\_\_  
BUYER SIGNATURE

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VEHICLE REGISTRATION FORM

LICENSE DRIVERS: (To be residing in the Community)

Name: License #: State:
Name: License #: State:
Name: License #: State:
Name: License #: State:

DESCRIPTION OF VEHICLE(S):

Vehicle #1

Vehicle #2

Make: Model: Year: Color: Tag #: State:
Make: Model: Year: Color: Tag #: State:

Vehicle #1 registered to:

Vehicle #2 registered to:

(If you have additional vehicles, please attach a separate page.)

Applicant Signature: Date:

Co-Applicant Signature: Date:

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## PET REGISTRATION FORM

- \*Limit two (2) pets only.
- \*Must include a picture of each pet
- \*Must include at the time of application, proof of vaccination.
- \*Must include at the time of application, proof of Port St. Lucie Pet Licensing.
- \*No exotic pets are allowed.
- \*No pets shall be kept, bred or maintained for any commercial purpose.
- \*Dogs which are household pets shall at all times whenever they are outside a unit be confined on a leash held by a responsible person.
- \*An owner/tenant shall immediately pick up and remove any solid animal waste deposited by his pet on the properties, including the common areas and the exclusive neighborhood common area.

**PET(S):**      YES \_\_\_\_\_      NO \_\_\_\_\_

<u>Name</u>	<u>Age</u>	<u>Color</u>	<u>Weight</u>	<u>Breed</u>
_____	___	_____	_____	_____
_____	___	_____	_____	_____

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **Port Saint Lucie Animal Control Violations & Citations- Information about Animal Control Citations – 92.27 (a) and 92.99**

Animal Control Officers may issue citations to citizens who violate city Animal Control ordinances. The citations are issued for civil, not criminal, infractions. Currently, the citation amounts are as follows:

- First Offense: \$50
- Second Offense: \$100
- Third Offense: \$200 plus mandatory court appearance

### **Animals at Large - 92.03 (a)**

All domestic pets must be properly restrained at all times while outside the confines of the owner's home. Restraint is defined as being on a leash, within an enclosed area or otherwise secured within the property limits of its owner or keeper. Verbal command is not deemed to be proper restraint. Animals captured running loose are transported to the Animal Control holding facility for the owner to pick up. An impound fee of \$25 is charged for each animal picked up, and \$10 for each night the animal remains at the animal control compound. If the owner fails to pick up the animal, it is transported to the Humane Society of St. Lucie County (772) 461-0687.

### **Noisy Animals Prohibited - 92.09**

It shall be unlawful for any person to keep, harbor, own, or maintain any animal which causes a noise disturbance by barking, yelping, howling, screeching, squawking, chirping, cawing, crowing or whistling between the hours of 11 p.m. and 6 a.m. Additionally, the animal may not bark, yelp, howl, screech, squawk, chirp, caw, crow, or whistle for continuous periods of five minutes or more at any other time of the day.

### **Removal of Animal Defecation - 92.16**

It is unlawful for any person to allow an animal to defecate upon private property not owned by the person or upon public property, including but not limited to sidewalks and swales, without removing the defecation. This shall not apply to physically challenged persons or if the owner has the consent of the property owner in question.

### **Animal Licensing - 92.40**

All domestic pets over the age of 6 months old must have a City of Port St. Lucie animal license displayed on their collar. The cost for a license is \$5 for an altered animal (spay or neutered), or \$15 for an unaltered animal. Proof of current rabies vaccination from a licensed veterinarian is required, and licenses may be obtained from most Port St Lucie veterinarians, and at the Animal Control Department 1133 S.W. Macedo Blvd., or by mail. Lifetime licenses are now available for purchase at the Animal Control office for a onetime fee of \$5. Requirements for the lifetime license are that the animal is spayed/neutered and micro-chipped.

**Applicant Initials:** \_\_\_\_\_

**Co-Applicant Initials:** \_\_\_\_\_

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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**

**(Please sign only the statement that applies)**

### **BUYER(S) ACKNOWLEDGE AND AGREE TO THE FOLLOWING:**

I/we 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/we understand that I/we are moving into a deed restricted community. I/we have read, understand, and agree to abide by said Documents, Rules, and Regulations of Heritage Oaks Home Owners Association, Inc.

**Applicant:** \_\_\_\_\_ **Co-Applicant:** \_\_\_\_\_  
(Signature) (Signature)

**Applicant:** \_\_\_\_\_ **Co-Applicant:** \_\_\_\_\_  
(Print Name) (Print Name)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OR**

If owner fails to provide a set of Documents to Buyer, I/we will obtain a copy from the Association's Property Management Company at my/our expense. I/we understand that I/we are moving into a deed restricted community. Prior to moving into said property, I/we agree to abide by said Documents, Rules, and Regulations as amended, or may be promulgated hereafter by the Board of Directors of Heritage Oaks Home Owners Association, Inc.

**Applicant:** \_\_\_\_\_ **Co-Applicant:** \_\_\_\_\_  
(Signature) (Signature)

**Applicant:** \_\_\_\_\_ **Co-Applicant:** \_\_\_\_\_  
(Print Name) (Print Name)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**(Only sign acknowledgement that identifies current possession status of Documents)**

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## **BACKGROUND AUTHORIZATION INQUIRY RELEASE FORM**

***\*\*Please submit a separate form for each occupant over the age of 18\*\****

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:** \_\_\_\_\_

**OCCUPANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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

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**RESPONSIBILITIES TO BE HANDLED BY CURRENT 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)

**Co-Applicant:** \_\_\_\_\_  
(Signature)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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