

# Hammock Cove Association, Inc.



459 NW Prima Vista Blvd. | Port St. Lucie, FL 34983  
T: 772-219-4474 | F: 772-219-4746

## SALE/LEASE APPLICATION

Please return completed package **to Signature Property Management** for processing.

A complete package includes:

- An application
- Fully executed Sale and Purchase Agreement or Lease Agreement
- A copy of your driver's license
- A non-refundable application fee of \$100 made payable to *Hammock Cove Association* Interview of applicant(s) will be required
- A non-refundable processing fee of \$125.00 made payable to *Signature Property Management*.
- A Criminal Background and Credit Check are required. A non-refundable fee of \$50.00 **per adult** payable to *Signature Property Management* – Canadian background check is \$95.00 **per adult**, payable to *Signature Property Management*.
- ***Effective July 1, 2016 a new law came into effect that requires an Association to process a TENANT application from a military service member within seven (7) days of submission of the application. A service member is any person serving as a member of the United States Armed Forces on Active Duty or State Active Duty and all members of the Florida National Guard and United States Reserve Forces. \*\*\*\*\*Copy of ID required.***
- ***Approval of the Application is based on a Credit Score of 600 or higher.***
- ***The Hammock Cove Board of Directors has 30 days to accept or decline an application once all required information is received and processed by Signature Property Management.***
- ***To avoid your cost of purchasing new keys and gate openers, try and obtain them from the previous owner.***
- **Resales: Please be advised that there is a Capital Contribution Fee of \$518.70 - PAYABLE AT CLOSING**

**NOTE: NEW OWNERS MUST LIVE IN RESIDENCE FOR TWO (2) YEARS BEFORE THEY ARE ALLOWED TO LEASE THEIR PROPERTY**

If application is submitted incomplete, it will be held uninvestigated until the rest of the required information is received. **NO FAXES OR EMAILS.**

Updated: 10/16/2019

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## **RESALE/LEASE APPLICATION**

{APPLICATION REQUIRES BOARD APPROVAL, IF ADDITIONAL SPACE IS NEEDED PLEASE USE OTHER SIDE}

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

Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

**LEASE APPLICANT ONLY: 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)

Co-Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of children if any: \_\_\_\_\_ List Names & ages: \_\_\_\_\_

Any other occupants other than immediate family? \_\_\_\_\_ if so, please list the name & relationship: \_\_\_\_\_

Present Address (street, city, state, zip): \_\_\_\_\_

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

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

Will the home be occupied by applicant? \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant Employers name: \_\_\_\_\_ No. of years there: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Spouse's Employers name: \_\_\_\_\_ No. of years there: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Please list the name & number of contact person in case of an emergency:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**Please list the name, number & email of your Realtor:** \_\_\_\_\_

\_\_\_\_\_

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## NOTICE OF ACKNOWLEDGEMENT

I/We fully authorize investigation of all answers and references given.

I/We hereby agree to abide by all documents and rules and regulations of Hammock Cove Association. A copy of which document I have received from the Seller/Lessor.

If the Seller/Lessor fails to provide a set of documents to Buyer/Lessee a copy will be made available by the Association Management Company at a cost of \$100.00 per document copy. These documents may be obtained on the Signature Property Management LLC. Website ([www.signaturepropertymgmt.com](http://www.signaturepropertymgmt.com))

PLEASE NOTE: Leases must be a minimum of six (6) months. A copy of the sales contract or lease must be attached to this application. Renters are not permitted to sub-lease at any time.

Owner/ Lessee agree to the terms of the attached contract/lease are within the requirements of Hammock Cove Association, Inc. Rules & Regulations pertaining thereto.

Buyer/Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

Buyer/Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

Seller/Lessor: \_\_\_\_\_ Date: \_\_\_\_\_

Seller/Lessor: \_\_\_\_\_ Date: \_\_\_\_\_

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## VEHICLE REGISTRATION FORM

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

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

Co-Applicant: \_\_\_\_\_

Vehicle #1

Vehicle #2

Make: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Year: \_\_\_\_\_

Color: \_\_\_\_\_

Color: \_\_\_\_\_

VIN #: \_\_\_\_\_

VIN #: \_\_\_\_\_

Tag #: \_\_\_\_\_

Tag #: \_\_\_\_\_

State: \_\_\_\_\_

State: \_\_\_\_\_

Vehicles are registered to: \_\_\_\_\_

All information on this form must be completed.

Any changes in use or appearance of the above described vehicle(s) must be submitted to the Board of Directors with a new application.

It is clearly understood that cars must be parked in the driveway and/or garage. Parking in the street is not permitted.

Buyer/Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

Buyer/Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

# Hammock Cove Association, Inc.



*Signature*  
Property Management

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## **GENERAL AUTHORIZATION TENANT-RESIDENCY FORM**

**\*\*Please present a separate page for each applicant\*\***

Applicant name: \_\_\_\_\_

Maiden name if applicable: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Present Address (street, city, state, zip): \_\_\_\_\_

Previous Address (street, city, state, zip): \_\_\_\_\_

I hereby authorize the Hammock Cove Association, to obtain and verify a social security number search, a criminal report history, and a credit check.

I agree to indemnify and hold harmless the Hammock Cove Association, their employees, officer and directors, affiliates, subcontractors, and agents from any loss, expense, or damage which may result directly or indirectly from information or reports furnished.

Buyer/Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

Buyer/Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

**MUST BE FILLED OUT BY BUYER OR LESSEE**

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## Screening Committee Form

**PLEASE NOTE: A Representative from Hammock Cove will contact you directly to make an appointment for you with the screening/interview committee.**

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

Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please circle YES or No to the following questions.**

- Yes No** Have you ever filed bankruptcy?
- Yes No** Have you ever had a property foreclosed?
- Yes No** Do you intend to occupy the property?
- Yes No** Have you received a copy of the Covenants and Rules & Regulations for Hammock Cove Association?
- Yes No** Do you agree to live by the governing documents and other rules and regulations that govern the area?
- Yes No** Have you received the guest passes and keys assigned to the property you intend to occupy?
- Yes No** Are there any additional occupants that you have not disclosed to us?
- Yes No** Have you ever lived in a homeowner's association?  
If yes, which one? \_\_\_\_\_
- Yes No** Were fines assessed against you in that association?
- Yes No** Have you ever been evicted?

Have you or any occupant residing with you, ever been charged or convicted of any of the following:

- Yes No** Sex crime
- Yes No** Felony, Assault or Battery
- Yes No** Burglary, Auto, Dwelling, etc.
- Yes No** DUI
- Yes No** Domestic Violence
- Yes No** Robbery
- Yes No** Grand theft
- Yes No** Kidnapping or related offense
- Yes No** Any other felony

If YES was answered to any of the above, please provide explanation: \_\_\_\_\_

Buyer/Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

Buyer/Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

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**Screening Committee Form**

**References: Please list two (2)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

\_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

\_\_\_\_\_

**Please list the information for the most recent two (2) landlords:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Buyer/Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

Buyer/Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

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Please advise us of any animals to be residing in the home.

Pet(s) Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

- The breed of dog commonly known as “pit bull” is prohibited.
- 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 shall immediately pick up and remove any solid animal waste deposited by their pet on the properties, including the common areas and the exclusive neighborhood common area.

## City of Port St. Lucie Animal Control

772-871-5042

<http://www.cityofpsl.com/animal-control/animal-citations.html>

## 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.



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*Signature*  
Property Management

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If leasing property, please advise us of the change in your mailing address. To be completed by Lessor.

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

Owner name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Please list the name & number of contact person in case of an emergency:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Lessor: \_\_\_\_\_ Date: \_\_\_\_\_

Lessor: \_\_\_\_\_ Date: \_\_\_\_\_

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***NOTICE OF ACKNOWLEDGMENT***

AS REQUIRED by the Covenants and Restrictions, Section 8.10, A.3 (b), and the Quick Reference Guide of the Rules and Regulations

“Owner to (avoid troublesome lessees) and (otherwise) accept responsibility for the occupancy of his Lot”

“Owners are responsible for lessee to comply with the Declaration of Covenants and Restrictions.

Property address: \_\_\_\_\_

Lessor (print name): \_\_\_\_\_

Lessee (print name): \_\_\_\_\_

- *I/We agree to abide by the requirements described above.*
- *I/We will provide lessee with a set of Community Documents.*

\_\_\_\_\_  
Lessor

\_\_\_\_\_  
Date

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Upon approval, please complete and submit this form to the property management company for entry device equipment (gate clicker), clubhouse/pool card and fitness room keys. ID required for all devices and keys. Proof of registration required for additional devices or keys.

Please provide the following information:

Name(s): \_\_\_\_\_

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

Phone number (local or long distance) to be entered into the tele-entry system for gate access: \_\_\_\_\_

How you would like name to appear at gate entry: \_\_\_\_\_

Each association member's registered vehicle is allowed no more than one (1) entry device.

License plate # (include state ID): \_\_\_\_\_ Device #: \_\_\_\_\_

License plate # (include state ID): \_\_\_\_\_ Device #: \_\_\_\_\_

License plate # (include state ID): \_\_\_\_\_ Device #: \_\_\_\_\_

Please make check payable to Hammock Cove Association.

Gate clickers \$35 each x \_\_\_\_\_ = \_\_\_\_\_

Clubhouse and pool card \$25 each (2 max) x \_\_\_\_\_ = \_\_\_\_\_

Fitness room key \$5 each (1 max) x \_\_\_\_\_ = \_\_\_\_\_

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**SALES ONLY**

RESPONSIBILITIES PASSED ON TO NEW OWNER

(This must be filled out for Board signature on C.O.A)

The owner of property located at \_\_\_\_\_

Has added the following violations to the property \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When you purchase this home you will assume the following responsibilities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate your choice of the options below, sign your name and the date.

1. Assume Responsibility \_\_\_\_\_

2. Have owner remove or correct \_\_\_\_\_

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

As soon as your seller is in compliance with your wishes, your application can be finalized.

PROPERTY MANAGER      Signature \_\_\_\_\_

BOARD OF DIRECTORS      Signature \_\_\_\_\_