

Hammock Cove Association Inc.

c/o Advantage Property Management
1111 SE Federal Hwy., Suite 100
Stuart, FL 34994
772-334-8900 * Fax 772-288-0175
AdvantagePM@advpropmgt.com

TENANT RENEWAL APPLICATION

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

A complete package includes:

- An application
- A fully executed Lease Renewal Agreement
- A non-refundable processing fee of \$50.00 payable to **Advantage Property Management.**

You will be contacted for an interview if requested by the committee. If application is submitted incompletely, it will be held uninvestigated until the rest of the required information is received.

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 is received.

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TENANT RENEWAL APPLICATION

{APPLICATION REQUIRES BOARD APPROVAL, IF ADDITIONAL SPACE IS NEEDED, PLEASE USE OTHER SIDE}
ATTACH COPY OF LEASE RENEWAL AGREEMENT

Date: _____ Property Address: _____

Owners Name: _____ Phone Number: _____

Tenant Name: _____ Phone Number: _____

of Occupants: _____ # of Pets / Breeds: _____

Applicants Employers name: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Term of Lease From _____ to _____

Please Circle YES or NO to the following Questions.

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
Yes	No	area? Are there any additional occupants that you have not disclosed to us?
Yes	No	Have you had any violation notices during your lease period?

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

I/We fully authorize investigation of all answers and references given. If the Lessor fails to provide a set of documents to Lessee a copy will be made available by the Association Management Company at a cost of \$100.00 per document copy.

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

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

Lessee: _____ Date: _____

Owner: _____ Date: _____

For Office Use Only – A/R

Current: YES _____ NO _____ Violation History: YES _____ NO _____ Interview Required YES _____ NO _____

Interview Completed: ____/____/____

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VEHICLE REGISTRATION FORM

Property Address: _____

Lessee: _____

Vehicle #1

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

Vehicle #2

Make: _____
Model: _____
Year: _____
Color: _____
Vin #: _____
Tag #: _____
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.

Lessee: _____

Date: _____

Lessee: _____

Date: _____