

# Hammock Cove Association, Inc.



3171 SE Dominica Terrace | Stuart, FL 34997  
T: 772-219-4474 | F: 772-219-4746

## **LEASE APPLICATION INSTRUCTIONS**

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

- Lease Application to be completed in full
- Copy of Fully-Executed Lease Agreement signed by all parties
- Acknowledgement of Covenants & Deed Restrictions must be reviewed and signed
- Copy of Driver License(s) for all occupants eighteen or older
- Completed and signed Vehicle Registration Form
- Completed Pet Registration Form. **Even if you have no pets, indicate no pets and sign**
- A non-refundable application fee of \$100.00 made payable to *Hammock Cove Association*
- 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 18 years or older** payable to Signature Property Management along with the signed authorization form per adult. If applicant other than US Citizen please contact SPM for the amount of the processing fee.

***\*\*Minimum lease period is six (6) months***

***\*\*Maximum lease period is twelve (12) months\*\****

***\*\*No unit may be leased more than two (2) times in any calendar year\*\****

### **Please Note the following:**

***Approval of the Application is based on a Credit Score of 600 or higher***

***The Hammock Cove Board of Directors has thirty (30) days to accept or decline an application once all the required information is received and processed by Signature Property Management.***

***A Lease is not approved until a Certificate of Approval has been issued.***

***New owners must live in residence for two (2) years before they are allowed to lease their property.***

### ***Submit the entire package to:***

Hammock Cove Association, 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.***

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

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

*Updated: February 19, 2024*

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## **CHECK LIST FOR LEASE APPLICATION – Please Print**

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

Term of Lease: \_\_\_\_\_

### General Submission requirements:

- Completed Lease Application \_\_\_\_\_
- Fully-Executed Lease Agreement signed by all parties
- Acknowledgement of Covenants & Deed Restrictions must be reviewed and signed
- Copy of Driver License(s)
- Complete and signed Vehicle Registration Form
- Complete Pet Registration Form. **Even if you have no pets, indicate no pets and sign.**
- A non-refundable application fee of \$100.00 made payable to *Hammock Cove Association*
- 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 18 years or older payable to *Signature Property Management* along with the signed authorization form per adult (Check with SPM for cost if other than US citizen)
- Lessee Realtor Information:
  - Company Name: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Contact #: \_\_\_\_\_
  - Email: \_\_\_\_\_
- Owner 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

***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 lease application.***

\_\_\_\_\_  
**Applicant Signature**

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

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**LEASE APPLICATION – Please Print**

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

**TERM OF LEASE:** \_\_\_\_\_

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

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

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

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

**APPLICANT(S) INFORMATION (TENANT):**

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

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: \_\_\_\_\_

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

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

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

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

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

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**VEHICLE REGISTRATION FORM**

**LICENSED 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**

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

**Vehicle #2**

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

**Vehicle #3**

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

**Vehicle #4**

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

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

**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.**

**It is clearly understood that cars must be parked in the driveway and/or garage.**

**Parking in the street is not permitted.**

**No boats, trailers, motor homes, etc. may be parked overnight.**

**Please refer to the community documents for further clarification.**

**\*\*Tenants should obtain all keys and gate openers from the owner\*\***

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

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

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## PET REGISTRATION FORM

**\*\*Recent Pet(s) Photograph must be attached\*\***

The Breed of dog commonly known as “pit bull” is prohibited.

No exotic pets are allowed.

No pets shall be kept, bred or maintained for any commercial purpose.

Pets which are household pets shall at all times whenever they are outside a unit be confined on a leash held by a responsible person. Cats are not allowed to roam throughout the neighborhood.

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. “Common grounds/areas/elements are defined by portions of the Association property not included in the units” i.e. no pets in pool area, etc.

Any dog that barks incessantly or becomes a nuisance to the neighbors or community in general the Board may require the removal from the community or withdrawal of the approval for occupancy.

### PET #1

Type of Pet (I.e. dog, cat, etc.)	Breed	Age	Current Weight
Name of Pet		Vaccine License #	
Veterinarian Name		Contact #	

### PET #2

Type of Pet (I.e. dog, cat, etc.)	Breed	Age	Current Weight
Name of Pet		Vaccine License #	
Veterinarian Name		Contact #	

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 Personal Reference**

Name	Home Phone	Cell/Work Phone

### **#2 Personal Reference**

Name	Home Phone	Cell/Work Phone

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

### **#1 Previous Address:**

Address	City	State

Name of Mortgage Holder/Landlord	Telephone #	Owned or Rent/Length of Time

### **#2 Previous Address:**

Address	City	State

Name of Mortgage Holder/Landlord	Telephone #	Owned or Rent/Length of Time

## **EMPLOYMENT:**

### **Applicant Employer:**

Name	Length of Employment	Phone #

Address	City	State

### **Co-Applicant Employer**

Name	Length of Employment	Phone #

Address	City	State

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**EMERGENCY CONTACTS:**

1. In case of Emergency notify: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

2. In case of Emergency notify: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

**LESSEE(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 Hammock Cove Association, Inc.

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

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

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

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



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

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

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

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## **BACKGROUND AUTHORIZATION INQUIRY RELEASE FORM**

***\*\*Please present submit a separate form for each occupant 18 years or older\*\****

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:** Hammock Cove Association, Inc. - 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.***