

Hammock Cove Association, Inc.



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

**OCCUPANT(S) (ADD ON) APPLICATION**

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

A complete package includes:

- An application
- A non-refundable processing fee of \$125.00 made payable to *Signature Property*
- Copy of Driver's License
- A Criminal Background and Credit Check are required. A non-refundable fee of \$65.00 **per adult** payable to *Signature Property Management* – Canadian background check is \$95.00 **per adult**, payable to *Signature Property Management*.

If application is submitted incomplete, it will be held **uninvestigated** until the rest of the required information is received.

*Update: 12-20-2023*

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**OCCUPANT (ADD ON) APPLICATION**

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

**INFORMATION CONCERNING OWNER**

**OWNER NAME:** \_\_\_\_\_ **AGE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**PRESENT ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **SPOUSES NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**INFORMATION CONCERNING OCCUPANT(S)**

**OCCUPANT NAME:** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**OCCUPANTS NUMBER OF CHILDREN (IF ANY):** \_\_\_\_\_

**LIST NAMES AND AGES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

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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.

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Occupant: \_\_\_\_\_ Date: \_\_\_\_\_

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**OCCUPANT VEHICLE REGISTRATION FORM**

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

Occupant(s): \_\_\_\_\_  
\_\_\_\_\_

Vehicle #1

Vehicle #2 (if applicable)

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

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

Vehicle(s) 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.

Occupant: \_\_\_\_\_ Date: \_\_\_\_\_

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**GENERAL AUTHORIZATION TENANT-RESIDENCY FORM**

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

Occupant(s) 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.

Occupant: \_\_\_\_\_ Date: \_\_\_\_\_

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**Screening Committee Form**

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

Occupant(s) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

- Yes No** Do you intend to occupy the property?
- 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?

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

Occupant(s): \_\_\_\_\_ Date: \_\_\_\_\_

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Please advise us of if you will have any animals 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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## 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 accept responsibility for the occupancy of his “Lot”

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

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

Occupant (print name): \_\_\_\_\_

- *I/We agree to abide by the requirements described above.*

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date