

Property Address _____

St. Lucie Gardens Homeowners Association Inc.

c/o Coastal Property Management
10 SE Central Parkway, Suite 400
Stuart, FL 34994
Office: (772) 600-8900 Fax: (772) 266-9801

Lease Application Check List

All items must be submitted or your application.

This form must be submitted with all other necessary paperwork.

General submission requirements

- Completed executed application
- Fully executed lease agreement
- Copy of photo ID
- \$100 Application fee (non-refundable) – Please make check payable to ST. LUCIE GARDENS HOA
- \$100 Rush Fee (non-refundable – if needed) – Please make check payable to **COASTAL PROPERTY MANAGEMENT**
 - Rush Applications are processed within three business days
- Tenant Realtor Info

Company Name: _____
Company Address: _____
Company Phone: _____
Company Email: _____
- Owner Realtor Info

Company Name: _____
Company Address: _____
Company Phone: _____
Company Email: _____

St. Lucie Gardens Homeowners Association, Inc.
LEASE APPLICATION
c/o Coastal Property Management
10 SE Central Pkwy #400
Stuart, FL 34994

The Association shall review the application within thirty (30) days of receipt of required information, documents and fees. Rush applications are processed within three (3) business days. Please ensure all required items are submitted as a complete package – incomplete packages will not be processed. A Certificate of Approval will be issued to the designated recipient.

APPLICATION INSTRUCTIONS

APPLICANT must submit:

- Completed Application (Application will not be processed without all signatures)
- Signed copy of Lease Agreement (*Lease must be for a minimum of four (4) months*)
- Copy of photo ID
- **\$100.00 Application Fee** (non-refundable) made payable to: ST. LUCIE GARDENS HOA

***Payments are only accepted in the form of checks or money orders**

- Lessee may not park a trailer, boat, van, camper, truck or commercial vehicle at St. Lucie Gardens, unless it is fully in the garage.

All items must be submitted as an entire packet to:

Coastal Property Management
10 SE Central Parkway, Suite 400
Stuart, FL 34994

Thank you in advance for your cooperation in following this process.

If you have any questions, please call: Coastal Property Management – (772) 600-8900

Every effort will be made to expedite the notification process

LEASE APPLICATION

Date of Application _____ Property Address: _____

Date Lease Starts: _____ Date Lease Ends: _____

NAME(s) OF APPLICANT: _____ Email: _____

PRESENT ADDRESS: _____ City _____ State _____ Zip _____

Cell phone: () _____ Home phone () _____ Business Phone () _____

CO-APPLICANT: _____ Email: _____

PRESENT ADDRESS: _____ City _____ State _____ Zip _____

Cell phone: () _____ Home phone () _____ Business Phone () _____

VEHICLE(S) RESIDING AT RESIDENCE

MAKE _____ YEAR _____ MODEL _____

MAKE _____ YEAR _____ MODEL _____

NUMBER PEOPLE WHO WILL BE RESIDING AT THE HOME _____

PETS: Number of Pets _____ Type _____

EMERGENCY CONTACT INFORMATION

NAME _____ RELATIONSHIP _____ PHONE # _____

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The undersigned, in the event that such approval is granted by the Board of Directors of St. Lucie Gardens HOA, Inc., hereby agrees to abide by the Articles of Incorporation, Declaration of Covenants and Restriction and By-Laws, all covenants, conditions, rules and regulations as set forth, as now or hereafter amended, and any additional covenants, conditions, rules and regulations as may be imposed from time to time by the Board of Directors or the members of St. Lucie Gardens HOA, Inc. Should we have a guest, we will ensure that they too are familiar with the Rules and Regulations.

The undersigned, in the event that such approval is granted by the Board of Directors of St. Lucie Gardens HOA, Inc., hereby agrees to abide with the above stated.

Tenant Signature

Co-Tenant Signature

Print Name

Print Name

Date Submitted: _____