

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
- \$100 Application fee (non-refundable) – Please make check payable to ST. LUCIE GARDENS HOA
- 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

**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*)
- **\$100.00 Application Fee** (non-refundable) made payable to: ST. LUCIE GARDENS HOA
- 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 # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

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