

River Marina Estates Homeowners Association, Inc.



738 Colorado Avenue | Stuart, FL 34994

T: 772-219-4474 | F: 772-219-4746

SALE APPLICATION INSTRUCTION PAGE

Please return completed package to Signature Property Management for processing.

A complete package includes:

- An application
- Fully executed Sale and Purchase Agreement
- A non-refundable application fee of \$100.00 made payable to *River Marina Estates Homeowners Association*
- A non-refundable processing fee of \$125.00 made payable to *Signature Property Management*.
- A non-refundable background check fee of \$65.00 **per adult** made payable to *Signature Property Management*. *Canadian background check is \$125.00 per adult, payable to Signature Property Management.*
- ***A Capital Contribution in the amount of two (2) months Monthly Assessment payments made payable to River Marina Estates Homeowners Association will be collected at closing.***
- Copy of your driver's license
- Copy of your vehicle registration and picture

The River Marina Estates Board of Directors has 30 days to accept or decline an application once all the required information is received and processed by Signature Property Management.

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

Updated: 3/15/2017

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RESALE APPLICATION

{APPLICATION REQUIRES BOARD APPROVAL. IF ADDITIONAL SPACE IS NEEDED, PLEASE USE OTHER SIDE}

Date: _____ Property Address: _____

Applicant: _____ Phone #: _____

Co-Applicant: _____ Phone #: _____

Email Address: _____

Number of children if any: _____ List Names & Ages: _____

Any additional persons to occupy the home? _____

If so, please list the name & relationship:

Present Address (street, city, state, zip):

Will the home be occupied by applicant? _____ Phone #: _____

Applicant's employer's name: _____ No. of years there: _____

Address: _____ Phone #: _____

Spouse's employer's name: _____ No. of years there: _____

Address: _____ Phone #: _____

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

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Pets: (Maximum 3)

Breed: _____ Color: _____ Weight: _____

Breed: _____ Color: _____ Weight: _____

Breed: _____ Color: _____ Weight: _____

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References: Please list two (2)

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Please list the information for the most recent two (2) landlords:

Name: _____ Phone #: _____

Address: _____

Reason for leaving: _____

Name: _____ Phone #: _____

Address: _____

Reason for leaving: _____

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 River Marina Estates Homeowners Association. A copy of which document I have received from the Seller.

If the Seller fails to provide a set of documents to Buyer, a copy will be made available by the Association Management Company at a cost of \$100.00 per document copy. These documents may be obtained by the Seller on the Signature Property Management, LLC website. (www.signaturepropertymgmt.com) or emailed to the Seller at no cost.

I certify that the information contained in this application and associated forms and releases are true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission is grounds for refusal to approve this sale application.

Buyer: _____ Date: _____

Buyer: _____ Date: _____

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DISCLOSURE SUMMARY - SALES

1. As a purchaser of property in this community, you will be obligated to be a member of a Homeowners Association.
2. There have been recorded restrictive covenants governing the use and occupancy of properties in this community.
3. You will be obligated to pay assessments to the association. Assessments may be subject to periodic change. The current (2017) amount is **\$172.00** per month for the fourteen (14) marina homes, and **\$122.00** per month for all other homes. You will also be obligated to pay any special assessments imposed by the Association. Such special assessments may be subject to change. The current amount is **\$0.00** per month.
4. Your failure to pay special assessments or assessments levied by a mandatory Homeowners Association could result in a lien on your property.
5. There is an obligation to fees for recreational or other commonly used facilities as an obligation of membership in the Homeowners Association. The is included in the assessment amount referenced in paragraph three (3) above.
6. The statements contained in this disclosure form are only summary in nature and, as a prospective purchaser; you should refer to the covenants and the Association governing documents before purchasing property.
7. These documents are matters of public record and can be obtained from the Martin County Clerk. They can also be accessed on the River Marina Estates HOA website. (www.rmestateshoa.org)

ACKNOWLEDGEMENT

Buyer: _____ Date: _____

Buyer: _____ Date: _____

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GENERAL AUTHORIZATION BUYER-RESIDENCY FORM

Please present a separate page for each applicant

Applicant 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 River Marina Estates Homeowners Association to obtain and verify a social security number search and a criminal report history.

I agree to indemnify and hold harmless the River Marina Estates Homeowners 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.

Buyer: _____ Date: _____

Buyer: _____ Date: _____

MUST BE FILLED OUT BY BUYER

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SALES ONLY

RESPONSIBILITIES PASSED ON TO NEW OWNER

(This must be filled out for Board signature on C.O.A)

The owner of property located at _____

Has added the following violations to the property _____

When you purchase this home you will assume the following responsibilities _____

Please indicate your choice of the options below, sign your name and the date.

1. Assume Responsibility _____

2. Have owner remove or correct _____

Signature: _____ Date: _____

As soon as your seller is in compliance with your wishes, your application can be finalized.

PROPERTY MANAGER Signature _____

BOARD OF DIRECTORS Signature _____