

River Marina Estates Homeowners Association, Inc.



738 Colorado Avenue | Stuart, FL 34994

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

LEASE APPLICATION INSTRUCTION PAGE

Please return completed package to Signature Property Management for processing.

A complete package includes:

- A completed application
- Fully executed Notice of Intent to Lease and Acknowledgment of Leasing Guidelines
- Fully executed Lease Agreement
- A non-refundable application fee of \$100.00 made payable to *River Marina Estates Homeowners Association*
- A security deposit in the amount of \$500.00 payable to *River Marina Estates Homeowners Association* to protect against damages to the Common Areas or Association Property.
- 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.*
- Copy of your driver's license.
- Copy of your vehicle registration and picture.
- ***Effective July 1, 2016 a new law came into effect that requires an Association to process a TENANT application from a military service member within seven (7) days of submission of the application. A service member is any person serving as a member of the United States Armed Forces on Active Duty or State Active Duty and all members of the Florida National Guard and United States Reserve Forces. *****Copy of ID required.***

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: 07/26/2016

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LEASE APPLICATION

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

Date: _____ Property Address: _____

Applicant: _____ Phone #: _____

Member of the Unites States Armed Forces on Active Duty or State Active Duty or member of the Florida National Guard and United States Reserve Forces YES NO (COPY OF ID REQUIRED)

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):

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 Owner.

If the Owner fails to provide a set of documents to Lessee, a copy will be made available by the Association Management Company at a cost of \$100.00 per document copy to the owner. Owner may obtain these documents on the Signature Property Management, LLC website. (www.signaturepropertymgmt.com) or can request them to be emailed at no additional 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 lease application.

Lessee: _____ Date: _____

Lessee: _____ Date: _____

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NOTICE OF INTENT TO LEASE

I/We do hereby notify the River Marina Estates Homeowners Association of the intent to lease the unit as follows:

Address: _____ SW Porpoise Circle **Lease Period:** ____/____/____ to ____/____/____

Current Owner(s): _____

Prospective Tenant(s): _____

Other persons who will occupy the unit:

<i>Name</i>	<i>Age</i>	<i>Relationship to Tenant(s)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

ACKNOWLEDGEMENT OF LEASING GUIDELINES

1. A lease is not effective nor may the unit be occupied by the respective Lessee(s) without the prior written approval by the Board of Directors of the Association.
2. No home shall be subject to more than (2) two leases in any (12) twelve month period, regardless of the lease term. No lease term shall be less than (90) ninety days.
3. No sublease or assignment of any lease is permitted by any Tenant.
4. Owners are to ensure that their tenants are familiar with the governing documents and Rules & Regulations as they may be adopted from time to time.
5. Each owner shall be jointly and severally liable with the tenant to the Association for all costs incurred by the Association for the repair of any damage to the Common Areas or to pay any claim for injury or damage to property caused by tenant.

Owner: _____ Date: _____

Owner: _____ Date: _____

Lessee: _____ Date: _____

Lessee: _____ Date: _____

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GENERAL AUTHORIZATION TENANT-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.

Lessee: _____ Date: _____

Lessee: _____ Date: _____

MUST BE FILLED OUT BY LESSEE