

MIDPORT PLACE I CONDOMINIUM ASSOCIATION

1509 SE ROYAL GREEN CIRCLE

PORT ST LUCIE, FL 34952

TELEPHONE 772 337-4482

E-MAIL midportplace1@comcast.net

SALE / LEASE APPLICATION PACKAGE

- To guarantee compliance with the Federal Fair Housing Acts, a separate application is required for each applicant over the age of eighteen (excluding dependent children) who will reside at the property.
- Family size must be in compliance with the available HUD guidelines, state and local codes. As an example, St Lucie County does not allow more than 2 unrelated people in any one dwelling unit.
- The Association Office must be immediately notified, and an INTENT TO SELL / LEASE FORM must be completed when a unit owner decides to sell / lease a unit.
- All of the following completed and signed forms must be submitted to the Association Office before an orientation may be scheduled.
 - Intent to Sell / Lease form by the owner
 - Sale / Lease Application
 - A ratified sale contract
 - Background Investigation Request Form
 - Valid driver's license or picture ID for each applicant
 - Valid registration for each approved vehicle
 - Non-refundable \$100 application fee (no personal checks)
 - Non-refundable \$50 background check for each resident 18 years or older (no personal checks)
- A lease agreement signed by all parties must be submitted to the office upon approval.
- Pending the results of the background check, the Board of Directors has the right to approve/deny.
- When all paperwork is approved by the Board of Directors an orientation will be scheduled sometime Monday through Friday between 9 AM and 1 PM. All applicants must be present.
- **NO MOVE INS WILL BE PERMITTED PRIOR TO A WRITTEN RESPONSE FROM THE BOARD OF DIRECTORS AND AN ORIENTATION. NO EXCEPTIONS!**
- **OVERSIZED OR UNSIGHTLY VEHICLES WILL NOT BE APPROVED FOR PARKING PERMITS. VEHICLES WITHOUT PERMITS ARE SUBJECT TO TOWING.**

Board of Directors, Midport Place I Condominium Association

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INTENT TO SELL / LEASE FORM

(TO BE COMPLETED BY CURRENT UNIT OWNER)

NAME OF UNIT OWNER: _____

HOME PHONE # _____ WORK / CELL PHONE # _____

E-MAIL ADDRESS: _____

ADDRESS OF UNIT: _____

UNIT IS FOR: SALE _____ RENT _____ BY OWNER _____ BY REALTOR _____

REAL ESTATE COMPANY: _____

AGENT NAME: _____

COMPANY ADDRESS: _____

E-MAIL ADDRESS: _____

TELEPHONE # _____ DATE OF LISTING _____

- PLEASE FURNISH THE FOLLOWING TO MIDPORT PLACE I OFFICE:

NAME OF BUYER (S) / TENANT (S): _____

- IT IS THE RESPONSIBILITY OF THE CURRENT UNIT OWNER TO TURN OVER ALL CONDOMINIUM DOCUMENTS TO THE NEW BUYER. A SET OF THESE DOCUMENTS MAY BE OBTAINED FROM THE ASSOCIATION OFFICE FOR A FEE OF \$50.00
- ALL POTENTIAL BUYERS AND TENANTS MUST GO THROUGH THE APPLICATION PROCESS
- NO BUYER OR TENANT MAY MOVE IN PRIOR TO WRITTEN BOARD APPROVAL AND ORIENTATION
- ALL LEASES SHALL PROVIDE FOR A MINIMUM LEASE TERM OF SIX (6) MONTHS. OWNER MAY NOT LEASE UNIT AGAIN UNTIL AFTER THIS PERIOD IF TENANT VACATES UNIT PRIOR TO SIX (6) MONTHS.

AUTHORIZED SIGNATURE OF OWNER

DATE

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PLEASE CHECK ONE OF THE FOLLOWING:

APPLICATION FOR PURCHASE

I / We acknowledge receipt of the following (provided by Seller):

- Declaration of Covenants and Restrictions
- Articles of Incorporation
- By-Laws
- Amendments
- Rules and Regulations

(The above Association documents may be ordered from the office for a fee of \$50.00)

I / We agree to observe and abide by the terms and conditions stated in these documents.

Signature

Date

Signature

Date

APPLICATION FOR LEASE

Note: All leases shall provide for a minimum lease term of six (6) months. Owner may not lease unit again until after this period if tenant vacates unit prior to six (6) months.

I / We acknowledge receipt of the Rules and Regulations.

I / We agree to observe and abide by the terms and conditions stated in these documents as well as the governing documents of the Association.

Signature

Date

Signature

Date

MIDPORT PLACE I CONDOMINIUM ASSOCIATION

APPLICATION FOR APPROVAL

INSTRUCTIONS:

1. If applicants are not legally married, an application of each person must be completed
2. Print legibly or type all information. Complete addresses and telephone numbers are required.
3. If any question is not answered or left blank, this application may be returned and not approved.
4. Missing information will cause delays in processing your application.
5. Only the applicants are authorized to sign all forms.
6. Any misrepresentation or falsification of information may result in your disqualification.

PRINT OR TYPE

PURCHASE _____ OR LEASE _____ HOW LONG _____

ADDRESS _____ UNIT # _____

NAME OF APPLICANT #1 _____

DATE OF BIRTH _____ SOCIAL SECURITY / PASSPORT # _____

EMPLOYED BY _____ HOW LONG _____

E-MAIL ADDRESS _____

NAME OF APPLICANT #2 _____

DATE OF BIRTH _____ SOCIAL SECURITY / PASSPORT # _____

EMPLOYED BY _____ HOW LONG _____

E-MAIL ADDRESS _____

TOTAL NUMBER OF OCCUPANTS _____ ADULTS (18 YEARS OR OLDER) _____ CHILDREN (UNDER AGE 18) _____

IN CASE OF EMERGENCY, NOTIFY _____

RELATIONSHIP _____ PHONE # _____

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VEHICLE INFORMATION

UNIT # _____

NAME _____ TELEPHONE # _____

NAME _____ TELEPHONE # _____

VEHICLE #1

YEAR _____ MAKE _____ MODEL _____ COLOR _____

TAG / PLATE # _____ STATE _____

ASSIGNED DECAL # (OFFICE) _____

VEHICLE #2

YEAR _____ MAKE _____ MODEL _____ COLOR _____

TAG / PLATE # _____ STATE _____

ASSIGNED DECAL # (OFFICE) _____

VEHICLE #3

YEAR _____ MAKE _____ MODEL _____ COLOR _____

TAG / PLATE # _____ STATE _____

ASSIGNED DECAL # (OFFICE) _____

VEHICLE #4

YEAR _____ MAKE _____ MODEL _____ COLOR _____

TAG / PLATE # _____ STATE _____

ASSIGNED DECAL # (OFFICE) _____

****NO OVERSIZED OR UNSIGHTLY VEHICLES WILL BE APPROVED FOR PARKING PERMITS. NO COMMERCIAL VEHICLES, MOTORCYCLES, MO-PEDS, RV'S, MOBILE HOMES, BOATS OR TRAILER ARE TO BE PARKED ON CONDOMINIUM PROPERTY.**

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ANIMAL REGISTRATION FORM

UNIT # _____ APPLICANT NAME _____

CAT _____ OR DOG _____ BREED _____ WEIGHT _____

RABIES VACCINATION DATE _____ TAG/MICROCHIP # _____

***YOU MUST PROVIDE DOCUMENTATION FOR THE ABOVE MENTIONED INFORMATION**

POLICY, RULES AND REGULATIONS

- No unit is permitted to have more than one (1) cat or dog
- Weight of pet fully grown must not exceed fifteen (15) pounds.
- The pet must wear a tag at all times
- Dogs are not allowed to run free and must be kept on a leash.
- Cats are not allowed to run free and must be kept indoors at all times.
- No pet is allowed to be tied up outside a unit on Common Grounds or left unattended on porch, patios or at the main entrances of the unit.
- No resident shall keep, harbor or maintain an animal which barks or cries so as to disturb the peace.
- Owners of all pets left alone must keep unit windows and doors closed.
- ALL DROPPINGS MUST BE CLEANED UP IMMEDIATELY

***I ACKNOWLEDGE THAT I HAVE READ THE ABOVE POLICIES, RULES AND REGULATIONS. I UNDERSTAND THAT THEY ARE STRICTLY ENFORCED BY THE ASSOCIATION AND AGREE TO ABIDE BY THEM.**

SIGNATURE

DATE

SIGNATURE

DATE

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PARENTAL RESPONSIBILITY FORM

UNIT # _____ PARENT APPLICANT _____

CHILDREN:

NAME _____ AGE _____

NAME _____ AGE _____

NAME _____ AGE _____

Although Midport Place I is a family-oriented community, there exist certain conditions of which you should be aware. It is recommended that you consider the following when contemplating buying or leasing in Midport Place I.

PLEASE BE ADVISED

1. There are no playgrounds or other facilities for children in Midport Place I. Children are not allowed to play in parking lots. When children are playing outside, they are to be under the supervision of an adult (18 years of age or older) at all times.
2. Adult supervision is limited to three (3) children.
3. Parents shall be responsible for all actions of their children at all times in and on the Condominium Properties.
4. Ball playing is not permitted.
5. The association accepts no liability for any of the above.

If you are a working parent, please indicate who will be responsible for your child / children from the time they get home from school until you get home.

NAME _____ PHONE _____

I / We have read the above and agree to abide by the rules set forth.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

MIDPORT PLACE I CONDOMINIUM ASSOCIATION

The undersigned submits this application for approval of the Board to acquire title or to lease unit _____ located at _____ Royal Green Circle, Port St Lucie, FL 34952 and states that the above information is true and correct (any intentional misrepresentation may be a basis for automatic disapproval). The undersigned acknowledges that he/she has familiarized himself/herself with the Declaration of Condominium and exhibits of Midport Place I Condominium Association and the other governing documents of the Association. Applicant(s) further agree to provide any additional information that may be reasonably requested by the Board. Applicant(s) understand that he/she is required to pay a non-refundable application fee of \$100.00 which is attached. The Associations decision to approve will be based on criminal background check for which a non-refundable application fee of \$50.00 for each adult applicant is attached. Upon approval of this application, the Board will cause a Certificate of Approval to be issued to the prospective buyer/tenant.

Applicant(s) agree to provide a copy of the sales contract or a copy of the lease (whichever is applicable) to be attached to this application.

Applicant(s) acknowledge that they have read the most current Rules and Regulations of Midport Place I and agree to abide by these published rules and regulations.

The undersigned owner(s) recognize that the Association shall be entitled to injunctive relief to prevent a violation of the provisions of this application of the Association's governing documents. In addition, the undersigned recognizes that the damages that the Association will sustain as a result of the violation will be difficult to ascertain. Therefore, the undersigned expressly agree to the imposition of liquidated damages in the event of a violation in the approved amount per day for each and every day of the violation. This in not to be construed as a penalty, but rather, is necessary because of the difficulty in measuring the exact amount of damages that the Association and its members will sustain as a result of our violating the provisions herein, or the provisions of the governing documents. The Association may recover both the liquidated damages as well as the injunctive relief to stop further violations.

If this application is NOT legible or is not completely and accurately filled out, Midport Place I Condominium Association will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing, the applicant recognizes that the Association or its agent may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable.

Signature of Applicant 1

Date

Signature of Applicant 2

Date

Midport Place I Condominium Association, Inc.

1509 SE Royal Green Cir.

Port St Lucie FL 34952

772-337-4482

E-MAIL AUTHORIZATION and CONSENT

I would like to receive Midport Place 1 Condo Associations meeting notices, property manager updates, emergency, and informational e-mails, any proposed annual budget, rule changes and/or amendment changes, etc. by e-mail.

Please note: **All Second Annual meeting notices including voting ballots and proxy material, will continue to be sent by regular US Mail.**

Name: _____

Midport Place I Unit Address: _____

E-mail address: _____

***Signature:** _____

*My signature above acknowledges my authorization and consent to receive emails from Midport Place 1 Condo Assoc. as outlined in the above paragraph.

ADVANTAGE PROPERTY MANAGEMENT

ASSOCIATION: MIDPORT PLACE I

PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK

Please supply the following information to facilitate a background check on you.

_____	_____	_____	____-____-____	____/____/____
Last Name	First Name	Middle Name	Social Security Number	Date of Birth
_____		_____		_____
Other Name(s) Maiden/Married		Driver's License Number		State

Email Address				

Date of Birth ____/____/____	Telephone (____) _____
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**DISCLOSURE REGARDING
BACKGROUND INVESTIGATION**

Advantage Property Management ("the Company") may obtain a "consumer report" about you from a consumer reporting agency for employment purposes. A "consumer" report is a background screening report that may contain information regarding your criminal history, driving history, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

By signing below, I acknowledge receipt of the following separate documents (and certify that I have read and understood them):

- DISCLOSURE REGARDING BACKGROUND INVESTIGATION;
- A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT; and
- ADDITIONAL STATE LAW NOTICES.

By signing below, I also authorize _____ to obtain "consumer reports" (deemed "investigative consumer reports" under California law) about me at any time during the hiring process and throughout my employment, if applicable.

Signature: _____ Date: _____

Printed Name: _____