

# *Promenade at Tradition Community Association, Inc.*

c/o Advantage Property Management  
1111 SE Federal Hwy. Suite 100  
Stuart, FL 34994  
(T) 772-334-8900 (F) 772-288-0175  
Email: [AdvantagePM@advpropmgt.com](mailto:AdvantagePM@advpropmgt.com)

## **APPLICATION CHECKLIST**

Applications may take up to 30 days for approval.

### **PLEASE MAKE SURE ALL BOXES ARE CHECKED** **APPLICATION WILL NOT BE APPROVED INCOMPLETED**

- \$150 Application Fee made payable to Promenade at Tradition
- \$50 Admin Fee made payable to Advantage Property Management
- All pages completely filled out
- Vehicle Registration Form
- Pet Registration Form (with picture of dog(s) if applicable)
- Applicant Certification (Applicants Signature)
- Owner Certification (Owners Signature)
- Acknowledgment of Lease Restrictions (Filled out by new tenants and buyers)
- Background request forms for everyone over 18
- Photo IDs for everyone 18
- Lease/Sale Contract

Please write any additional emails on the front page that will need a copy of the certificate of approval.

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## **LEASE APPLICATION**

**CONDITIONS:** This is an Application for Approval of Lease, this form, must be completely filled out, and be **accompanied by a properly executed Agreement to Lease, a \$150.00 non-refundable application fee made payable to Promenade at Tradition, a \$50.00 fee made payable to Advantage Property Management**, and is conditioned upon the approval by the Board of Directors of the Association. Background checks must be done on all occupants over the age of eighteen (18).

LEASE PERIOD FROM: \_\_\_\_\_ TO \_\_\_\_\_

### UNIT OWNER INFORMATION: (all information must be printed and legible)

Promenade Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Owner Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### APPLICANT(S) INFORMATION:

**Applicant Name:** \_\_\_\_\_

**Member of the United 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)**

Applicant Present Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Applicant Present Address: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_

Co-Applicant Present Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Co-Applicant Present Address: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

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## VEHICLE REGISTRATION FORM

**LICENSED DRIVERS:** To be residing in the Community:

Name: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_  
Name: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_  
Name: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_  
Name: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

### DESCRIPTION OF VEHICLE(S):

#### Vehicle #1

#### Vehicle #2

Make: \_\_\_\_\_ Make: \_\_\_\_\_  
Model: \_\_\_\_\_ Model: \_\_\_\_\_  
Year: \_\_\_\_\_ Year: \_\_\_\_\_  
Color: \_\_\_\_\_ Color: \_\_\_\_\_  
Tag #: \_\_\_\_\_ Tag #: \_\_\_\_\_  
State: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle #1 registered to: \_\_\_\_\_

Vehicle #2 registered to: \_\_\_\_\_

### Please note:

- ALL INFORMATION ON THIS FORM MUST BE COMPLETED.
- ANY CHANGES IN USE OR APPEARANCE OF THE ABOVE DESCRIBED VEHICLE(S) MUST BE SUBMITTED TO THE BOARD OF DIRECTORS WITH A NEW APPLICATION.
- IT IS CLEARLY UNDERSTOOD THAT CARS MUST BE PARKED IN THE DRIVEWAY, GARAGE AND/OR DESIGNATED PARKING SPACES. PARKING IN THE STREET IS NOT PERMITTED.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## PET REGISTRATION FORM

### **PICTURES OF YOUR DOG(S) ARE REQUIRED.**

- Limit two (2) pets only.
- No exotic pets are allowed.
- No aggressive breeds; **Regardless if they are mixed or full breed.** i.e. Pitbulls, German shepherds, Rottweilers, Dobermans, Mastiffs etc.
- No pets shall be kept, bred or maintained for any commercial purpose.
- Dogs which are household pets shall at all times whenever they are outside a unit be confined on a leash held by a responsible person.
- An owner shall immediately pick up and remove any solid animal waste deposited by his pet on the properties, including the common areas and the exclusive neighborhood common area.

PET(S):            YES \_\_\_\_\_            NO \_\_\_\_\_

<u>Name</u>	<u>Age</u>	<u>Color</u>	<u>Weight</u>	<u>Breed</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **PERSONAL REFERENCES:** (Do not list relatives)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

## **RESIDENCE HISTORY:** (If less than five (5) years, provide previous residence information on separate sheet)

1. Previous Address: \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_
2. Previous Address: \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
I/We Have \_\_\_\_\_ owned OR \_\_\_\_\_ rented this home for (length of time) \_\_\_\_\_  
Name of Landlord or Mortgage holder: \_\_\_\_\_  
Address of Landlord or Mortgage holder: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_

## **EMERGENCY CONTACTS:**

Email Address (s): \_\_\_\_\_

1. In case of Emergency notify: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
2. In case of Emergency notify: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
3. In case of Emergency notify: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## **BACKGROUND CHECK:**

**\*\* See Page 10 of the application for the required Background Inquiry Release form. Each adult is required to submit a signed form with all the required information\*\***

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## **APPLICANT CERTIFICATION**

By my/our signature(s) below, I/we hereby certify:

1. That I/We have received, read, understand and agree to abide by the Rules and Regulations of Promenade at Tradition Community Association, Inc. as promulgated by the Board of Directors of the Association.
2. That all of the information contained in this application is true and complete and I/We give my/our permission for a Nationwide Law Enforcement Background investigation and credit history verification for the undersigned Applicant(s).
3. That I/We understand and agree that *false or misleading* information given in this application constitutes grounds for disapproval of this application and revocation of my/our right to reside in Promenade property.
4. That the unit I/We occupy may not be leased without the express written approval of the Promenade at Tradition Community Association, Inc.
5. That no persons other than those shown on this application will reside in the Promenade unit and I/We agree that anyone residing in the unit, at a later date, will be registered with the Association and a background investigation done at the applicant's expense.

\_\_\_\_\_  
**Signature of Applicant 1**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant 2**

\_\_\_\_\_  
**Date**

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## **OWNER CERTIFICATION**

By my/our signature below, I/We hereby certify:

1. That I/We have provided these potential Buyers a true and complete copy of the Rules & Regulations and Condominium Documents of Promenade at Tradition Community Association, Inc.
2. That the information in this application is true and accurate to the best of my knowledge.
3. That a copy of the actual Sales Agreement is attached and that there are no other agreements concerning this sale.
4. That the unit owner is responsible for any and all costs related to damages to community property and/or violation of the Condominium Documents and/or Rules & Regulations of Promenade at Tradition Community Association, Inc. and that these cost include actual damages and all costs and fees paid for the Association's attorney as may relate to the owner's tenant and/or guests of such tenant.

I/We hereby authorize the Association to evict a tenant, at my expense, in any case where my tenant fails to abide by the Condominium Documents and/or Rules & Regulations of Promenade at Tradition Community Association, Inc.

I/We understand and agree to pay any fines approved by the Association Fining Committee and Association Board of Directors for violations of the Association's Rules & Regulations and/or Association Documents.

**Signature of owner:** \_\_\_\_\_

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

**Signature of Co-Owner:** \_\_\_\_\_

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

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**OUTSTANDING VIOLATIONS ON THE PROPERTY**

**Call Property Management Office to determine if property has outstanding violations**

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

The owner of property located at: \_\_\_\_\_

The property has the following outstanding violations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The owner will be notified of the outstanding violations listed above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PROPERTY MANAGER: Signature \_\_\_\_\_ Date: \_\_\_\_\_

BOARD OF DIRECTORS: Signature \_\_\_\_\_ Date: \_\_\_\_\_



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## **ACKNOWLEDGEMENT OF LEASE RESTRICTIONS**

This is to certify that the following named buyer has complied with the documents for the PROMENADE AT TRADITION, INC. and is fully aware that short term rentals like AirBnbs or VRBOs are prohibited. If the homeowner plans to lease their unit, Leases must be a six (6) month minimum and only two (2) leases per year are allowed as per the Association Documents.

The following named buyer is aware that short term rentals with their unit could result in a fine of \$100.00 per day up to a maximum of \$1000.00, per occurrence, levied by the Board of Directors.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

Buyer Signatures \_\_\_\_\_

State of Florida  
County of St Lucie

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me a notary public, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public: \_\_\_\_\_

Print Name: \_\_\_\_\_

MY COMMISSION EXPIRES:

**--FEDERAL BACKGROUND SERVICES REQUEST FORM**

PHONE NO: 772-334-8900  
 CO: ADVANTAGE PROPERTY MANAGEMENT  
 ASSOCIATION: PROMENADE AT TRADITION/478  
 CONTACT: REBECCA  
 E-MAIL/ FAX: REBECCAD@ADVPROPMGT.COM

FEDERAL BACKGROUND SERVICES  
 PHONE 561-969-9966  
 FAX 561-969-9988

**PROMENADE APPLICANTS! ONLY FILL OUT HIGHLIGHTED AREAS ONLY!**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_  
 MAIDEN \_\_\_\_\_ D.O.B \_\_\_\_\_ SOCIAL SEC # \_\_\_\_\_ SEX \_\_\_\_\_

**INDIVIDUAL OPTIONS (FOR OFFICE USE ONLY)**

- |  |   |
|--|---|
| <input type="checkbox"/> FLORIDA CRIMINAL HISTORY FDOC \$10.00   | <input type="checkbox"/> SOCIAL SECURITY VERIFICATION \$5.00  |
| <input type="checkbox"/> FLORIDA CRIMINAL HISTORY FDLE \$30.00   | ALIEN # _____ DOC TYPE _____  |
| <input type="checkbox"/> NON-FL CRIMINAL HISTORY(STATE) _____ \$30 +<br>COUNTY, CITY OR ZIPCODE _____    | <input type="checkbox"/> FLORIDA WORKERS' COMP HISTORY \$5.00   |
| <input type="checkbox"/> FL DRIVERS LIC HIST 3 YEAR \$5.00<br>FL DL # _____                              | <input type="checkbox"/> FLORIDA SEXUAL OFFENDER / PREDATOR \$5.00  |
| <input type="checkbox"/> FL DRIVERS LIC HIST 7 YEAR \$7.00<br>FL DL # _____                              | <input type="checkbox"/> NATIONWIDE & INTERNATIONAL CRIMINAL CHECK<br>Includes sexual predator/offender \$15.00 |
| UCATION VERIFICATION \$20 PER EACH<br>**CALL FOR VERIFICATION FORM                                       | <input type="checkbox"/> NATIONWIDE SEXUAL OFFENDER \$5.00  |
| <input type="checkbox"/> EMPLOYMENT VERIFICATION \$40 EACH<br>CONTACT NAME: _____<br>PHONE NUMBER: _____ | <input type="checkbox"/> OUT OF STATE DRIVER LIC. HIST _____ \$15.00<br>NON FL DL # _____                       |
| <input type="checkbox"/> INTERPOL WORLDWIDE CRIMINAL \$10.00   | <input type="checkbox"/> CREDIT HISTORY INDIV. \$15.00<br>PRESENT ADDRESS _____<br>CITY, STATE, ZIP _____       |
| <input type="checkbox"/> VEHICLE TAG SEARCH _____ \$10.00  | <input type="checkbox"/> JOINT CREDIT HISTORY \$25.00<br>SPOUSE NAME _____<br>SPOUSE SOCIAL _____               |

<input type="checkbox"/> PACKAGE #1 \$40.00 FDLE CRIMINAL HISTORY NATIONWIDE CRIMINAL RECORDS SOCIAL SECURITY VERIFICATION FL WORKERS COMP	<input type="checkbox"/> PACAKGE #2 \$30.00 FDOC CRIMINAL HISTORY NATIONWIDE CRIMINAL RECORDS SOCIAL SECURITY VERIFICATION FL WORKERS COMP
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\*\*\*SIGNATURE REQUIRED TO PROCESS REQUEST\*\*\*

Please Fax Release form to 561-969-9988

I hereby authorize FEDERAL BACKGROUND SERVICES, INC. To perform any all necessary searches for the above named company

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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 MAIDEN \_\_\_\_\_ D.O.B \_\_\_\_\_ SOCIAL SEC # \_\_\_\_\_ SEX \_\_\_\_\_

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_