

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

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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SALE APPLICATION

CONDITIONS: This is an Application for Approval of Sale, this form, must be completely filled out, and be **accompanied by a properly executed Sales Agreement, 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).**

CLOSING DATE: _____

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: _____

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: _____

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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DISCLOSURE SUMMARY

- As a purchaser of property in this community you will be obligated to be a member of a homeowners association.
- There have been recorded restrictive covenants governing the use and occupancy of properties in this community.
- You will be obligated to pay monthly assessments to the association, which are subject to periodic change.
- Your failure to pay these assessments could result in sanctions on your property.
- 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 associations governing documents.
- These documents are matters of public record and can be obtained from the record office in the county where the property is located.

Purchaser: _____ Date: _____

Purchaser: _____ Date: _____

I attest to the following:

This unit is not a vacation destination and there are no nightly, weekly or monthly rentals. All rentals must be approved in advance by the Association.

Purchaser: _____ Date: _____

Purchaser: _____ Date: _____

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SALES ONLY

RESPONSIBILITIES PASSED ON TO NEW OWNER

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: _____

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 opinions 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, your application can be finalized.

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

<input type="checkbox"/> PACKAGE #1 \$40.00 FDLE CRIMINAL HISTORY NATIONWIDE CRIMINAL RECORDS SOCIAL SECURITY VERIFICATION FL WORKERS COMP	<input type="checkbox"/> PACKAGE #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** _____

--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

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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 + COUNTY, CITY OR ZIPCODE _____ | <input type="checkbox"/> FLORIDA WORKERS' COMP HISTORY \$5.00 |
| <input type="checkbox"/> FL DRIVERS LIC HIST 3 YEAR \$5.00 | <input type="checkbox"/> FLORIDA SEXUAL OFFENDER / PREDATOR \$5.00 |
| FL DL # _____ | <input type="checkbox"/> NATIONWIDE & INTERNATIONAL CRIMINAL CHECK Includes sexual predator/offender \$15.00 |
| <input type="checkbox"/> FL DRIVERS LIC HIST 7 YEAR \$7.00 | <input type="checkbox"/> NATIONWIDE SEXUAL OFFENDER \$5.00 |
| FL DL # _____ | <input type="checkbox"/> OUT OF STATE DRIVER LIC. HIST _____ \$15.00 |
| EDUCATION VERIFICATION \$20 PER EACH | NON FL DL # _____ |
| **CALL FOR VERIFICATION FORM | <input type="checkbox"/> CREDIT HISTORY INDIV. \$15.00 |
| <input type="checkbox"/> EMPLOYMENT VERIFICATION \$40 EACH | PRESENT ADDRESS _____ |
| CONTACT NAME: _____ | CITY, STATE, ZIP _____ |
| PHONE NUMBER: _____ | <input type="checkbox"/> JOINT CREDIT HISTORY \$25.00 |
| <input type="checkbox"/> INTERPOL WORLDWIDE CRIMINAL \$10.00 | SPOUSE NAME _____ |
| <input type="checkbox"/> VEHICLE TAG SEARCH _____ \$10.00 | 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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I hereby authorize FEDERAL BACKGROUND SERVICES, INC. To perform any all necessary searches for the above named company

SIGNATURE _____ **DATE** _____