



Pine Croft Condominium Association
Lease Application Checklist

- Application Page
- Vehicle Information Page
- Deed Restricted Community Page
- Pet Page
- Authorization for Screening (one per applicant)
- Photo ID – must be legible
- Email Consent form
- Addendum to Lease Page
- Copy of executed Lease Contract
- Non-refundable processing fee of \$100.00 payable to Watson Association Management
- Background screening fee of \$50.00 for each applicant over 18 payable to Pine Croft Condominium Association

If an application is submitted and is *NOT* complete, it will *NOT* be processed.

Please make sure when submitting your application all documents and fees are included to avoid any delay in the approval of your application.

***Please submit and/or send all complete applications and fees to
Watson Association Management, LLC
1648 SE Port St. Lucie Blvd.
Port St. Lucie, FL 34952**

1648 SE Port St. Lucie Blvd., Port St. Lucie, FL 34952
808 Dunlawton Avenue, Port Orange, FL 32127
1410 Palm Coast Parkway NW, Palm Coast, FL 32137

Phone 772.871.0004 Fax 772.871.0005
Phone 386.252.2661 Fax 386.673.4943
Phone 386.246.9720 Fax 386.246.9271



Association Management

LEASE APPLICATION

Date: _____ Property Address: _____

Applicant Name: _____ Active Military Service Member ____ Yes ____ No

Co-Applicant Name: _____ Active Military Service Member ____ Yes ____ No

Present Address: _____

Applicant Phone: _____ Co-Applicant Phone: _____

Any other Occupants? ____ If Yes, list names, age and relationship:

Name _____ Relation _____ Age _____

Name _____ Relation _____ Age _____

Any additional Lease occupant over 18 must submit an authorization for screening form along with a \$50.00 fee payable to Pine Croft Condominium.

Applicants employers name: _____ No. of years there _____

Address: _____ Phone #: _____

Co-Applicants employers name: _____ No. of years there _____

Address: _____ Phone #: _____

I/WE HEREBY AGREE TO ABIDE BY ALL DOCUMENTS AND RULES & REGULATIONS OF PINE CROFT CONDOMINIUM ASSOCIATION, A COPY OF WHICH DOCUMENT I HAVE RECEIVED FROM LESSOR.

(IF LESSOR FAILS TO PROVIDE A SET OF DOCUMENTS TO LESSEE, A COPY WILL BE MADE AVAILABLE BY THE ASSOCIATION MANAGEMENT COMPANY AT A COST OF \$50.00 PER DOCUMENT COPY.)

NO LEASE SHALL BE FOR A PERIOD OF LESS THAN 6 MONTHS, AND NO UNIT MAY BE LEASED MORE THAN TWO TIMES IN ANY CONSECUTIVE 12-MONTH PERIOD WITHOUT THE PRIOR WRITTEN CONSENT OF THE BOARD OF DIRECTORS.

LESSEE: _____ Date: _____
Signature(s)

LESSEE: _____ Date: _____
Printed Name(s)

LESSEE: _____ Date: _____
Signature(s)

LESSEE: _____ Date: _____
Printed Name(s)

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Association Management

APPLICATION FOR VEHICLE PERMIT

Name: _____ Phone: _____
Name: _____ Phone: _____
Street Address: _____
City: _____ State: _____ Zip: _____

DESCRIPTION OF VEHICLE(S):

VEHICLE #1:

Make: _____ Model: _____ Year: _____
Color: _____ Gross Weight: _____ VIN: _____
Vehicle Tag: _____ State: _____
Registered to: _____
Street Address: _____
City: _____ State: _____ Zip: _____

VEHICLE #2:

Make: _____ Model: _____ Year: _____
Color: _____ Gross Weight: _____ VIN: _____
Vehicle Tag: _____ State: _____
Registered to: _____
Street Address: _____
City: _____ State: _____ Zip: _____

PLEASE NOTE:

- EACH UNIT HAS AN ASSIGNED NUMBERED SPACE AND IS ENTITLED TO ONE GUEST SPOT (GUEST PARKING IS NOT ASSIGNED OR RESERVED). ANY UNIT OWNER OR RENTER WITH MORE THAT TWO (2) VEHICLES MUST CONTACT THE OFFICE FOR AVAILABLE PARKING AREAS. OWNER OR RESIDENT MAY NOT KEEP MORE THAN TWO (2) VEHICLES WITHIN THE COMMUNITY ON A PERMANENT BASIS WITHOUT PRIOR WRITTEN CONSENT OF THE BOARD OF DIRECTORS.
- NO PARKED VEHICLE MAY IMPEDE THE GENERAL TRAFFIC FLOW THROUGH A PARKING LOT. VEHICLES BACKED INTO PARKING SPACES MAY NOT BLOCK OR INFRINGE UPON THE ADJOINING WALKWAY.

Signature: _____ Date: _____

Signature: _____ Date: _____

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**Deed Restricted Community**

I/We understand that we are moving into a deed-restricted community.  
I/We hereby agree to abide by all Documents and Rules and Regulations  
of PINE CROFT CONDOMINIUM ASSOCIATION, a copy of which  
I/We have received from the owner.

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Lessee
Signature _____ Date: _____

Lessee
Signature _____ Date: _____



PLEASE ADVISE US OF ANY ANIMALS TO BE RESIDING IN THE UNIT

- Dogs which are household pets shall always whenever they are outside a unit be confined on a leash held by a responsible person.
- The breed of dog commonly known as “pit bull” is prohibited.
- No pets shall be kept, bred, or maintained for any commercial purpose.
- All owners 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.
- A total of one (1) pet weighing less than 25 pounds. Residents must furnish the Association with a copy of all vaccinations as well as a copy of the Martin County animal license within 2 weeks.

Pet? Yes _____ No _____

Pet Type: _____ Weight: _____ Age: _____ Color: _____ Sex: _____

- **I/We further agree to furnish the Association with a copy of all vaccinations as well as a copy of the Martin County animal license within 2 weeks.**

Signature: _____ Date: _____

Signature: _____ Date: _____

License & vaccinations paperwork received: _____

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A SEPARATE AUTHORIZATION FORM IS REQUIRED FOR EACH LEASE APPLICANT. BACKGROUND SCREENING FEE OF \$50.00 PER APPLICANT PAYABLE TO PINE CROFT

GENERAL AUTHORIZATION FOR APPLICANT SCREENING

Applicant Name: _____ **DOB:** _____

Social Security Number: _____ **Phone:** _____

Present Address: _____

City: _____ **State:** _____ **Zip:** _____

Previous Address: _____

City: _____ **State:** _____ **Zip:** _____

Applicant hereby Authorizes Pine Croft Condominium Association and its Agent, Watson Association Management to obtain and verify a social security number search and criminal report required to process his/her application for residency.

Applicant agrees to indemnify and hold harmless Pine Croft Condominium Association and Watson Association Management, their employees, managers, officers and directors, affiliates, subcontractors and agents from any loss, expense or damage which may result directly or indirectly from information or reports furnished by Watson Association Management.

Applicant Signature: _____

Date: _____

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EMAIL CONSENT FORM

New Florida statutes state it is against the law to send mass emails to owners without their written consent. By completing, signing, and returning this form, you are authorizing the Board of Directors of the Pine Croft Condominium Association, Inc. and Watson Association Management to send you information of the Association meetings, reports on actions taken by the Board at those meetings, violations, updates and/or special information. Your email address will **not** be used for any other purpose than those listed in the previous sentence.

We want to keep you better informed about the developments and issues regarding your investment as an owner in the Pine Croft Condominium Association, Inc.

Yes

I authorize Pine Croft Condominium Association, Inc. and Watson Association Management to email me appropriate meeting notices, agendas, reports, violation letters and other information.

Email Address: _____

Property Address: _____

Phone Number(s): _____

Signature(s): _____

Printed Name(s): _____

No

I do not want to receive emails from Pine Croft Condominium Association, Inc. and Watson Association Management.

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## Addendum to Lease

“The tenant hereby agrees, in accordance with Florida Law, that upon receipt of notice from **Pine Croft Condominium Association** (the Association) that the Landlord is delinquent in paying any monetary obligation due to the Association, the tenant will pay his/her subsequent rental payments and continue to make such payments until all the monetary obligations of the Landlord (parcel owner) have been paid in full to the association and the Association release the tenant or until the tenant discontinues tenancy in the parcel.” Payment due the Association may be in the same form as you paid your Landlord and must be sent by United States mail or hand delivery to the Association, 1648 SE Port St Lucie Blvd. Port St. Lucie, FL 34952 payable to **Pine Croft Condominium Association.**

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Lessee Signature _____ Date: _____

Lessee Signature _____ Date: _____

Owner Signature _____ Date: _____

Owner Signature _____ Date: _____

Property Address: _____

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