



**Kingman Acres Condominium Village IIA, Inc.**  
**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
- Disclosure Summary (Sales)
- Voting Certificate (Sales)
- Addendum to Lease Page
- Copy of executed Lease/ Sales Contract
- Non-refundable Processing fee of \$100.00 or \$125.00 RUSH (less than 2 weeks) payable to Watson Association Management
- Application fee of \$100.00 payable to Kingman Acres Condominium IIA

**\* An application is considered a RUSH when the Closing/Lease date is 2 weeks or less from the date you submit your application.**

**Please make sure when submitting your application all documents, and fees are included.**

\*\*\*\*\* If an application is submitted that is **NOT** complete, it will **NOT** be accepted and/or processed. Please ensure that you have all the required information, forms and signatures to avoid any delay(s) in the approval of your application.

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

1648 SE Port St. Lucie Blvd., Port St. Lucie, FL 34952  
1410 Palm Coast Parkway NW, Palm Coast, FL 32137

Phone 772.871.0004 Fax 772.871.0005  
Phone 386.246.9720 Fax 386.246.9271



# Association Management

## LEASE/RESALE 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 occupant over 18 must submit an authorization for background screening form.

**Do you intend to:**

- Live in the unit as a primary residence
- Maintain the unit as a secondary residence
- Offer the unit as a rental
- Rent from Owner

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 KINGMAN ACRES CONDOMINIUM VILLAGE IIA, INC., A COPY OF WHICH DOCUMENT I HAVE RECEIVED FROM SELLER/LESSOR.

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

LESSEE/PURCHASER: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature(s)

LESSEE/PURCHASER: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name(s)

LESSEE/PURCHASER: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature(s)

LESSEE/PURCHASER: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name(s)

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# Association Management

## VEHICLE INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **DESCRIPTION OF VEHICLE(S):**

#### **VEHICLE INFORMATION:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Gross Weight: \_\_\_\_\_ VIN: \_\_\_\_\_

Vehicle Tag: \_\_\_\_\_ State: \_\_\_\_\_

Registered to: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### **VEHICLE INFORMATION:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Gross Weight: \_\_\_\_\_ VIN: \_\_\_\_\_

Vehicle Tag: \_\_\_\_\_ State: \_\_\_\_\_

Registered to: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- **PARKING IS LIMITED TO ONE (1) SPACE PER CONDOMINIUM UNIT. GUEST SPACES ARE FOR VISTOR PARKING ONLY, NOT TO EXCEED THREE (3) DAYS.**
- **ADDITIONAL VEHICLES MUST PARK IN DESIGNATED OVERFLOW AREAS. PARKING ON THE STREET IS PROHIBITED DUE TO PUBLIC SAFETY CONCERNS.**
- **TRUCKS, MOTORCYCLES, RECREATIONAL VEHICLES AND TRAILERS ARE PROHIBITED IN THE PARKING AREAS. COMMERCIAL VEHICLES ARE PROHIBITED.**
- **ALL VEHICLES MUST BE REGISTERED AND IN WORKING ORDER. REPAIR OF VEHICLES IS PROHIBITED WITHIN KINGMAN ACRES VILLAGE IIA.**
- **(5.7) VIOLATION OF THESE RULES AND RESTRICTIONS MAY RESULT IN FINES AND/OR TOWING AS DETERMINED BY THE BOARD.**

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 KINGMAN ACRES CONDOMINIUM VILLAGE IIA, INC., a copy  
of which I/We have received from the owner.

- I/We have received and read the documents of the association.
- I/We have NOT received and read the documents of the association.

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Lessee/Buyer  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

Lessee/Buyer  
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.
- 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 is permitted and shall not be more than **twenty-five (25) pounds** at maturity.

Pet? Yes \_\_\_\_\_ No \_\_\_\_\_ (if no pets this form must be signed and turned in)

Pet Type: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name: \_\_\_\_\_

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

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

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Association Management

**A SEPARATE AUTHORIZATION FORM IS REQUIRED FOR  
EACH APPLICANT AND EACH ADULT OCCUPANT.  
PHOTO I.D. MUST ACCOMPANY THIS FORM AND BE LEGIBLE**

**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 Kingman Acres Condominium Village IIA, Inc. and its Agent, Watson Association Management, LLC 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 Kingman Acres Condominium Village IIA, Inc. and Watson Association Management, LLC., 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, LLC.

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 Kingman Acres Condominium Village IIA, 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.

\*\*\*\*\*

**Yes**

I authorize Kingman Acres Condominium Village IIA, 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 Kingman Acres Condominium Village IIA, Inc. and Watson Association Management.



## Disclosure Summary For KINGMAN ACRES CONDOMINIUM VILLAGE IIA, INC.

1. As a purchaser of property in this community, you will be obligated to be a member of a Condominium Association.
2. There have been recorded restrictive covenants governing the use and occupancy of properties in this community.
3. You will be obligated to pay maintenance assessments to the association. Assessments may be subject to periodic change.
4. You may be obligated to pay a special assessment to the respective municipality, county, or special district. All assessments are subject to periodic change.
5. Your failure to pay any of these assessments could result in a lien on your property.
6. 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 association governing documents before purchasing property.
7. These documents are matters of public record and can be obtained from the record office in the county where the property is located or from Kingman Acres Condominium Village IIA, Inc. for a fee.

Purchaser: \_\_\_\_\_ Date: \_\_\_\_\_

Purchaser: \_\_\_\_\_ Date: \_\_\_\_\_

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Association Management

**(SALES ONLY)**

***VOTING CERTIFICATE***  
***Kingman Acres Condominium Village IIA, Inc.***

Know all men by these present, that the undersigned is the record owner (s) In KINGMAN ACRES CONDOMINIUM VILLAGE IIA, INC. shown below, and hereby constitutes, appoints and designates:

**(Insert one owners name above)**

As the voting representative for the KINGMAN ACRES CONDOMINIUM VILLAGE IIA, INC. unit owned by said undersigned pursuant to the by-laws of the Association.

The voting representative is hereby authorized and empowered to act in the capacity herein set forth until the undersigned otherwise modifies or evokes the authority set forth in this voting certificate.

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

**(Unit owner's signature – If jointly-owned, both owners' signatures required)**

Property Address \_\_\_\_\_  
Stuart, Florida 34994

When there is a corporation or partnership as owners of the property, then a voting representative must be appointed by the corporation or partnership and becomes the representative. All owners must sign this form to acknowledge this appointment.

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**Addendum to Lease**

“The tenant hereby agrees, in accordance with Florida Law, that upon receipt of notice from Kingman Acres (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 Kingman Acres Condominium Village II, Inc.

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

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

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

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

Property Address: \_\_\_\_\_