



Isle of Tuscany Lease Check List

- Lease Information Form
- Deed Page
- Application for Vehicle Permit
- Copy of Vehicle Registration
- Age Verification Form
- Photocopy of ID (must be legible)
- Screening Committee Form
- Authorization for Screening (1 per adult)
- Pet Page
- Photo of Pet & Vet records (if applicable)
- Email Consent Form
- Lease Agreement
- \$125.00 or Rush \$150.00 payable to Watson Association Management (Non-refundable Processing Fee)
- \$100.00 payable to Isle of Tuscany (Application fee)
- **\$50.00 per adult** payable to Isle of Tuscany (Screening fee)

* An application is considered a **RUSH** when the Lease date is **TWO (2) weeks** from the date you submit your Lease application.

* 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**

Thank you for your Cooperation!

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 386.246.9270 Fax 386.246.9271

www.WatsonAssociationManagement.com

9.27.24



Association Management

LEASE INFORMATION FORM

PLEASE ALLOW UP TO FIFTEEN (15) BUSINESS DAYS FOR APPROVAL

Property Address: _____ Date: _____

INFORMATION CONCERNING TENANT:

Name: _____ Age: _____ Phone #: _____

Name: _____ Age: _____ Phone #: _____

Present Address: _____

Any other occupants: Yes _____ No _____

Any additional occupant must submit an authorization for screening form along with a \$50.00 fee payable to Isle of Tuscany

If so, please list name relationship & Age:

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

Employer: _____ Phone: _____ Title: _____

No. of years: _____ Address: _____ Supervisor: _____

Employer: _____ Phone: _____ Title: _____

No. of years: _____ Address: _____ Supervisor: _____

NEAREST RELATIVE IN CASE OF EMERGENCY: _____

Phone: _____ Relationship: _____

- ◆ *I (we) fully authorize investigation of all answers and references given.*
- ◆ *I (we) hereby agree to abide by all documents and Rules and Regulations of ISLE OF TUSCANY NEIGHBORHOOD INC., a copy of which was received from the Lessor/Seller.*
- ◆ *If seller fails to provide a set of Documents to Tenant, a copy may be obtained from Association Management at a cost of \$50.00.*

Tenant: _____ **Date:** _____

Tenant: _____ **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 Regulation of ISLE OF TUSCANY NEIGHBORHOOD ASSOCIATION, INC., and KINGS ISLE COMMUNITY ASSOCIATION INC.

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



Tenant Signature: _____ Date: _____

Tenant Signature: _____ Date: _____



Association Management

VEHICLE INFORMATION

Name: _____ Phone: _____

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

DESCRIPTION OF VEHICLE:

VEHICLE #1:

Make: _____ Model: _____ Year: _____

Color: _____ Gross Weight: _____ VIN: _____

Vehicle Tag: _____ State: _____

VEHICLE #2:

Make: _____ Model: _____ Year: _____

Color: _____ Gross Weight: _____ VIN: _____

Vehicle Tag: _____ State: _____

Vehicle 1 registered to: _____

Vehicle 2 registered to: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Signature _____ Date _____ Signature _____ Date _____

***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 FORM

SIGNATURE _____ SIGNATURE _____

***** A COPY OF THE VEHICLE REGISTRATIONS MUST BE ATTACHED TO APPLICATION**

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AGE VERIFICATION FORM

The following information must be furnished by the owner or owners of each residence so that the Association may monitor the percentage of residences occupied by at least one person 55 years of age or older to preserve the status of Kings Isle as a community of housing for older persons in accordance with Kings Isle documents and the Federal Fair Housing Act.

Property Address: _____

Tenant(s)

1. Name _____
Date of Birth _____

2. Name _____
Date of Birth _____

Occupant(s) include Tenant(s) above if occupant(s)

Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____

The undersigned certify that the above information is true and correct and that within fifteen (15) days after any changes thereof the undersigned will notify Watson Association Management, LLC of such change in writing.

Tenant _____ *Date*

Tenant _____ *Date*

Please attach the following:

A photocopy of a driver's license (or other proof of age if occupant is not licensed.)

Please return this form with the application to Watson Association Management, LLC

Verified by:

Signature _____ *Date*

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Screening Committee Form

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Applicant's Name \_\_\_\_\_

Date \_\_\_\_\_

Present address \_\_\_\_\_

Telephone Number \_\_\_\_\_

How many people will be occupying home? \_\_\_\_\_

Name and Birth date of household member(s) over 55 \_\_\_\_\_

Name and birth date of those 18 to 54 \_\_\_\_\_

Will you plan to live here year-round? \_\_\_\_\_

Where can you be reached if you are not in residence? \_\_\_\_\_

Did you receive a copy of the governing Documents to review? \_\_\_\_\_

Did you review them? \_\_\_\_\_

Do you agree to live by the governing Documents and other rules and regulations that govern the area? \_\_\_\_\_

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

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

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**A SEPARATE AUTHORIZATION FORM IS REQUIRED FOR EACH APPLICANT, SCREENING FEE OF \$50.00 PER APPLICANT PAYABLE TO ISLE OF TUSCANY**

**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 Isle of Tuscany Neighborhood Association and its Agent, Watson Association Management to obtain and verify a social security number search and criminal and credit report required to process his/her application for residency.**

**Applicant agrees to indemnify and hold harmless Isle of Tuscany Neighborhood 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: \_\_\_\_\_



# Association Management

## PET PAGE

**If NO pets please sign and return with application**

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

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

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

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

PET #1:

Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_

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

PET #2:

Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_

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

AN OWNER MAY HAVE **TWO (2) PETS**. DOGS/CATS ARE NOT TO EXCEED **TWENTY-FIVE (25) POUNDS** EACH AT MATURITY. AN OWNER MAY HAVE **ONE (1) PET** NOT TO EXCEED **FORTY (40) POUNDS**.

- OWNER MUST PICK UP AFTER THEIR PET
- NO LEASH LONGER THAN EIGHT (8) FEET IS ALLOWED
- I WILL KEEP MY DOG AWAY FROM PEOPLE WHO ARE WALKING TO AVOID A POSSIBLE ACCIDENT
- CATS ARE NOT TO BE TURNED LOOSE

I SUBMIT THIS REQUEST TO THE BOARD PRIOR TO BRINGING THIS PET INTO THE ISLE OF TUSCANY. I/WE UNDERSTAND IF NOT COMPLIED WITH I/WE WILL BE IN VIOLATION AND ACTION WILL BE TAKEN BY THE BOARD.

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

**FOR ASSOCIATION USE ONLY**

The above application is approved \_\_\_\_\_ not approved \_\_\_\_\_

Reason for non-approval: \_\_\_\_\_

Signer: \_\_\_\_\_ Position: \_\_\_\_\_ 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 Isle of Tuscany 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 Isle of Tuscany

\*\*\*\*\*

**Yes**

I authorize Isle of Tuscany 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 Isle of Tuscany and Watson Association Management.