

Callaway Place Application Check List

- Lease Application Page
- o Vehicle Page
- o Pet Page
- o Deed Page
- o Lease Contract
- \$125.00 or \$150.00 RUSH (less than 2 weeks) payable to Watson Association Management-Non-refundable Processing Fee

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

*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

LEASE APPLICATION

Property Address:	Date:		
INFORMATION CONCERNING APPLICAN			
Applicant Name:	Phone:		
Co-Applicant Name:	Phone:		
Present Address:			
Other occupants: YesNo	Relationship	Age	
Name কককককককককককককককককককককক	Relationship	Age	
তিৰ্বাহিত কৰি	ence		
Applicant Employer	Phone	Title	
Number of yearsAddress		Supervisor	
Co-Applicant Employer	Phone	Title	
Number of years Address ত্বত্বত্বত্বত্বত্বত্বত্বত্বত্বত্বত্বত্বত	ઌ૽ૺૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ૽ૹ		
EMERGENCY CONTACT PERSON		-	
PhoneAddress		Relationship	
I (we) fully authorize investigation of all answers	and references given.		
If Landlord fails to provide a set of Documents to Management, LLC at a cost of \$50.00.	Lessee, a copy may be obta	tined from Watson Association	
Lessee:	Da	ate:	
Lessee:	Da	ate:	

VEHICLE INFORMATION

Name:	Phone:				
Name:	:Phone:				
Street /	Address:				
City:		S1	ate:	_Zip:	
DESCRIPTI	ON OF VEHICLE:				
/EHICLE #1	<u>:</u>				
Make:		Model:		Year:	
Color:		_Gross Weight:	VIN:		
Vehicle	Tag:	State:			
VEHICLE #2). <u></u>				
Make:		Model:		Year:	
Color:		_Gross Weight:	VIN:		
Vehicle	Tag:	St	ate.		
Vehicle	2 registered to:				
	Address:				
	***ALL INFORMATION ON THIS FO ***NO TRUCK OR VAN, BOAT, SHALL BE PARKED, STORED EXCEPT IN THE GARAGE. ***ANY CHANGES IN USE OR A SUBMITTED TO THE BOARD O	TRAILER, RECREATION OR OTHERWISE KE	ONAL VEHICLE PT ON ANY PO	ORTION OF THE PROPER RIBED VEHICLE(S) MUST	TY
Signature		Date Si	gnature		Date

IF MORE THAN 2 VEHICLES - USE ADDITIONAL FORM

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



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

- No pets shall be kept, bred, or maintained for any commercial purpose.
- ➤ Dogs which are household pets shall always whenever they are outside a unit be confined on a leash held by a responsible person.
- An owner/tenant 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.
- ➤ The Board can revoke the privilege of having a pet on the property.

Pet(s)? Yes	No	Please sign and	Please sign and return if no pets		
Pet Type: Name:	_	Age:	Color:	Sex:	
Pet Type: Name:	_	Age:	Color:	Sex:	
Signature:			Date:		
Signature:			Date:		

This form is REQUIRED, if no pets please mark "NO" above



DEED RESTRICTED COMMUNITY

I (we) understand that we are r	noving into a deed-restricted
community. I (we) hereby agree to ab	ide by all Documents and Rules
& Regulations of CALLAWAY PLACE	CE ASSOCIATION, INC.,
I (we) received a copy from the Selle	
of Documents to Buyer, I (we) r	nay obtain a copy from the
Association Management at a cost of \$	650.00.
Lessee Signature:	Date:
I essee Signature	Date