



Bayshore Association Management, Inc.
430 NW Lake Whitney Place
Port St. Lucie, FL 34986
Phone # (772) 871-0004
Fax # (772) 871-0005

Instruction Page

A package can only be processed by Bayshore Association Management, Inc. when complete. A complete package includes:

- An application
- Copy of signed contract including name of realtor and title company, in the case of a sale

Or

- A copy of the Lease Agreement, in the case of a lease

The following NON-REFUNDABLE fee made payable to Bayshore Association Management:

- Processing Fee in the amount of \$100.00;

Or

- Rush Processing Fee in the amount of \$125.00 for processing less than two (2) weeks of close/lease date.

If application is submitted incomplete, it will be held **uninvestigated** until the rest of the required information is received.

Please see attached page for instructions pertaining to the Association.

*EXPERIENCE * RELIABILITY * INTEGRITY*

.Customer Copy

Hammock Cove Property Owners Association

Lease/Resale Package

The following fee made payable to:
**Hammock Cove Property Owners
Association**

- Application fee in the amount of \$100.00
- Personal interviews will be required

Background Screenings will be done for tenants.

**HAMMOCK COVE PROPERTY OWNERS ASSOCIATION.
C/O BAYSHORE ASSOCIATION MANAGEMENT, INC.
430 NW Lake Whitney Place
Port St. Lucie, FL 34986
Phone: (772) 871-0004 Fax: (772) 871-0005**

LEASE/RESALE APPLICATION

{APPLICATION REQUIRES BOARD APPROVAL, IF ADDITIONAL SPACE IS NEEDED PLEASE USE OTHER SIDE}

Date: _____ Property Address: _____

APPLICANT INFORMATION:

Applicant: _____ Social Sec #: _____
Co-Applicant: _____ Social Sec #: _____

Number of children if any: _____. List Names & ages: _____

Any other occupants other than immediate family? _____. If so, please list the name & relationship:

Present Address: _____
(Street, City, State, & Zip)

Will the home be occupied by applicant? _____ Phone #: _____

Applicants employers name: _____ No. of years there _____

Address: _____ Phone #: _____

Spouses employers name: _____ No. of years there _____

Address: _____ Phone #: _____

Please list the name & number of contact person in case of an emergency:

Name: _____ Phone #: _____
Address: _____

Name: _____ Phone #: _____
Address: _____

I/WE FULLY AUTHORIZE INVESTIGATION OF ALL ANSWERS AND REFERENCES GIVEN.

I/WE HEREBY AGREE TO ABIDE BY ALL DOCUMENTS AND RULES & REGULATIONS OF HAMMOCK COVE PROPERTY OWNERS ASSOCIATION INC., A COPY OF WHICH DOCUMENT I HAVE RECEIVED FROM LESSOR/SELLER.

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

PLEASE NOTE: Leases must be a minimum of six months (6). A copy of the sales contract or lease must be attached to this application. Renters are not permitted to sub-lease at any time.

Owner and/or Lessee agree to the terms of the attached contract/lease are within the requirements of Hammock Cove Property Owners Association, Inc. Rules & Regulations pertaining thereto.

PURCHASER/LESSEE: _____ DATE: _____

PURCHASER/LESSEE: _____ DATE: _____

HAMMOCK COVE PROPERTY OWNERS ASSOCIATION.
C/O BAYSHORE ASSOCIATION MANAGEMENT, INC.
430 NW Lake Whitney Place
Port St. Lucie, FL 34986
Phone: (772) 871-0004 Fax: (772) 871-0005

VEHICLE REGISTRATION FORM

Date: _____ Property Address: _____

Applicant: _____

Co-Applicant: _____

Present Address: _____
(Street, City, State, & Zip)

VEHICLE # 1:

Make: _____
Model: _____
Year: _____
Color: _____
Vin #: _____
Tag #: _____
State: _____

VEHICLE # 2:

Make: _____
Model: _____
Year: _____
Color: _____
Vin #: _____
Tag #: _____
State: _____

Vehicles are 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 DRIVEWAYS AND/OR GARAGES. PARKING IN THE STREETS IS NOT PERMITTED.

(Signature)

(Date)

(Signature)

(Date)

HAMMOCK COVE PROPERTY OWNERS ASSOCIATION, INC.

C/O Bayshore Association Management

430 NW Lake Whitney Place

Port St. Lucie, FL 34986

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 HAMMOCK COVE PROPERTY OWNERS ASSOCIATION, INC., I (we) received a copy from the Lessor/Seller. If Lessor/Seller fails to provide a set of Documents to Buyer, I (we) may obtain a copy from the Association Management at a cost of \$50.00.

Buyer/Lessee Signature _____

Date _____

Buyer/Lessee Signature _____

Date _____

Bayshore Association Management, Inc.
430 NW Lake Whitney Place
Port St. Lucie, FL 34986
Phone # (772) 871-0004
Fax # (772) 871-0005

Hammock Cove Property Owners Association

GENERAL AUTHORIZATION FORM

Please present a separate page for each applicant.

Applicant Name: _____ Date of Birth: _____

Social Security Number: _____ Home Phone #: _____

Present Address:

Street: _____ Apt #: _____

City: _____ State: _____ Zip: _____

I hereby authorize the Hammock Cove Property Owner's Association, to obtain and verify a social security number search, a criminal report history, and a credit check.

I agree to indemnify and hold harmless the Hammock Cove Property Owner's Association, their employees, officer and directors, affiliates, subcontractors, and agents from any loss, expense, or damage which may result directly or indirectly from information or reports furnished.

Signed: _____ Date: _____

Applicant

EXPERIENCE * RELIABILITY * INTEGRITY

Hammock Cove P.O.A.

Screening Committee Form

PLEASE NOTE: Owner must contact the Bayshore Association Management office to make an appointment with the Screening Committee.

Applicant's Name _____ Date _____

Present address _____

Telephone Number _____

Yes No

- ___ ___ Have you ever filed Bankruptcy?
- ___ ___ Have you ever had a property foreclosed?
- ___ ___ Do you intend to occupy the property?
- ___ ___ Have you received a copy of the Covenants and Rules for Hammock Cove?
- ___ ___ Do you agree to live by the governing Documents and other Rules and Regulations that govern the area?
- ___ ___ Have you received the guest passes and keys assigned to the property you intend to occupy?
- ___ ___ Are there any additional occupants that you have not disclosed to us?
- ___ ___ Are there any other vehicles that you have not disclosed to us?
- ___ ___ Have you ever lived in a Homeowner's Association?
- ___ ___ If yes, which one, and did you have any fines assessed against you?
- ___ ___ Have you ever been evicted?

Have you or any occupant residing with you ever been charged or convicted of any of the following?

- ___ ___ Sex crime
- ___ ___ Felony assault / battery
- ___ ___ Burglary, auto, dwelling, etc.
- ___ ___ DUI
- ___ ___ Domestic violence
- ___ ___ Robbery
- ___ ___ Grand theft
- ___ ___ Kidnapping or related offense or crime against a person or property not listed on this page
- ___ ___ Any other felony

Further explanation _____

Signature: _____ Date: _____

Signature: _____ Date: _____



Hammock Cove P.O.A.

Screening Committee Form, Part 2

References: Please list two (2)

Name _____
Address _____
Phone _____

Name _____
Address _____
Phone _____

Please list the information for the most recent two (2) landlords.

Name _____
Address _____
Phone _____
Reason for leaving: _____

Name _____
Address _____
Phone _____
Reason for leaving: _____

Names of all residents, age, relationship to owner (or primary renter)

<u>Name</u>	<u>D.O.B.</u>	<u>Relationship</u>	<u>SS#</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**Hammock Cove Property
Owners Association
C/O BAYSHORE ASSOCIATION MANAGEMENT, INC.
430 NW Lake Whitney Place
Port St. Lucie, FL 34986
Phone: (772) 871-0004 Fax: (772) 871-0005**

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

Pet(s)? Yes _____ No _____

Pet Type(s):

Pet #1 _____

Pet #2 _____

- * The breed of dog commonly known as "pit bull" is prohibited.
- * 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.

**Hammock Cove Property
Owners Association
C/O BAYSHORE ASSOCIATION MANAGEMENT, INC.
430 NW Lake Whitney Place
Port St. Lucie, FL 34986
Phone: (772) 871-0004 Fax: (772) 871-0005**

Please advise us of any change in your mailing address

Owners Name (s): _____

Property Address: _____

Phone # _____

Mailing Address: _____

(if different than property)

Out of state address: _____

(if applicable)

Out of state phone # _____

(if applicable)

Emergency contact name _____

Phone # _____

Hammock Cove POA, Inc.
C/O BAYSHORE ASSOCIATION MANAGEMENT, INC.
P.O. Box 880038
PORT ST. LUCIE, FL 34988
PH. (772) 871-0004 FAX (772) 871-0005

NOTICE OF ACKNOWLEDGMENT

AS REQUIRED by the Covenants and Restrictions, Section 8.10, A.3 (b), and the Quick Reference Guide of the Rules and Regulations

“Owner to (avoid troublesome lessees) and (otherwise) accept responsibility for the occupancy of his Lot”

“Owners are responsible for lessee to comply with the Declaration (of Covenants and Restrictions).”

Property Address:

Tenant(s) / Lessee(s):

(Print names)

Landlord

/

Lessor:

(Print name)

- *I agree to abide by the requirements described above.*
- *I will provide lessee with a set of Community Documents.*

Signature: _____ Date: _____

Landlord / Lessor