

Summerfield Association Office: 6542 SE Twin Oaks Circle, Stuart, FL 34997

LEASE APPLICATION INSTRUCTIONS

Please return the completed package to the Summerfield office for processing.

Complete package includes:

- Lease Application
- Copy of Drivers' License(s) including back
- A non-refundable Application fee of \$200 made payable to Summerfield Community Association
- Background checks are required, conducted by the management company. A non-refundable fee of \$100 per adult over the age of 18 payable to *Advantage Property Management*. If applicant is other than a US Citizen contact the property manager at 772-286-0081 for the amount to process.
- A lease is not effective, nor may the unit be occupied by prospective lessee(s) without a notarized Certificate of Approval.
- Effective July 1, 2016, associations are required to process a Tenant application from a military service member within seven (7) days of submission of the application. A service member is any person serving as a member of the US Armed Forces on Active Duty or State Active Duty and all members of the Florida National Guard and US Reserve Forces. **Copy of Military ID Required.
- Leased property: an owner may lease their property only two (2) times in a twelve (12) month period. The lease may be for any length of time.
 Once a lease is approved, lessee(s) must come to the association office during on-site hours (Mon-Fri, 9am-4pm) to obtain parking stickers. Rules are available on the https://www.summerfieldstuart.com website under Documents (Article XII, beginning on page 21).

Applications will be accepted via US Mail or courier, or scanned documents emailed to summerfield@advpropmgt.com. Applications must be completed and signed to be accepted.



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LEASE APPLICATION CHECKLIST: PLEASE PRINT

Property Address:

Term of Lease: _____

General Submission Requirements:

- A non-refundable application fee of \$200 made payable to Summerfield Comm Assoc.
- A non-refundable background check fee of \$100 per person over the age of 18 made payable to Advantage Property Management.
- Fully executed lease agreement
- Copy of drivers' licenses(s)
- **Tenant Realtor Information**, include Name, phone# and email address:
- **Owner Realtor Information,** include name, phone# and email address:
- Certificate of Approval (COA) will be emailed to realtors AND owner(s) if an email address provided. Original copy of application and COA will be stored in residence file in association office located at 6542 SE Twin Oaks Circle, Stuart, FL 34997.

I/We certify that the information requested above and contained in this application and attached documents to be true, correct and authentic. I/We understand that any falsification, misrepresentation or omission is grounds for refusal to approve this lease application.

Applicant Signature

Co-Applicant Signature



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LEASE APPLICATION: PLEASE PRINT

Property Address:	
Term of Lease:	
Current Property Owner Inform	nation:
Owner Name:	
Alternate Mailing Address:	
	/):
Applicant(s) Information:	
Applicant Name:	
Applicant Phone #:	
Email address:	
Present Address:	
How Long: If I	ess than one year, include previous address(s):
Co-Applicant Name:	
Phone #:	Email Address:
Names and Ages of Children:	
Will there be occupants other t	than immediate family? [] YES [] NO
Name:	Relationship:
Name:	Relationship:



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LEASE APPLICATION: (CONT'D)

Applicant(s) Employer Information:	
Position:	Supervisor:
Address:	
How Long Employed:	
If less than one (1) year, list previous emp	ployer:
Co-Applicant Employer Information:	
Position:	Supervisor:
Address:	
How Long Employed:	
If less than one (1) year, list previous emp	ployer information:
-	equested above and contained in this application are tand that any falsification, misrepresentation, or omission e application.
Applicant Signature:	Date:

is

Co-Applicant Signature: _____ Date: _____



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ACKNOWLEDGEMENTS

Tenants: *I/We acknowledge we have received the Community Rules and Regulations. (Article XII Use Restrictions)*

I/We agree to observe and abide by the terms and conditions stated in the documents of Summerfield Community Association.

I/We understand that the landlord will provide us (tenants) the necessary keys, remotes or transponders necessary to enter the community and access the amenities, including the pool, tennis courts, clubhouse, and gym facilities.

Any information stated on this application found to be false or misleading shall be grounds for denial of lease approval (COA), refusal to grant lessee extension, or eviction. Authorization is hereby granted to Summerfield HOA and its designated agents to investigate any information given on this application. No liability shall be incurred by the Summerfield HOA if the application is denied or rejected. It is agreed that lessees and their guests will not disturb neighbors or cause nuisance. Failure to comply will be cause for eviction.

Note: The unit owner, as well as the tenant(s) shall be held liable for any actions or damages caused to common areas.

THIS APPLICATION PACKAGE FOR LEASE IS EXECUTED BY THE PARTIES ON THE DATES SPECIFIED BELOW, IF ANY PARTY DOES NOT UNDERSTAND THIS APPLICATION, THE PARTY SHOULD SEEK LEGAL ADVICE.

I/We declare the above information to be true and correct.

Applicant Signature:	 Date:

Co-Applicant Signature: _____

__ Date: _____



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AUTOMOBILE INFORMATION

Vehicle #1	Vehicle #2
Make:	Make:
Model:	Model:
Year:	Year:
Tag#: State:	Tag#: State:
Vehicle Registered to:	

NOTE: Commercial Vans, Commercial Trucks (signage, storage racks) Boats, trailers, Campers, OR RV's may not be stored on property. They are permitted when loading, unloading, or washing, for up to 12 hours. They may not be on property from Midnight to 6am. No cars may be parked on the street overnight from midnight to 6am. No parking on grass or over sidewalks.

\$25 fines may be incurred per incident.

Temporary permits for overnight parking may be obtained from management during office hours.

Pets:

If you will have pets, please list type of pet, and how many:

Real Estate Information:

Name of Real Estate Agency Representing you:

Name:_____ Phone#_____

Email:	 	



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EMAIL CONSENT FORM

If you would like to receive Summerfield Community Association, Inc. information such as Board Meeting Minutes, property management updates, emergency emails, etc by email, please sign and return this form giving us permission to do so. All assessment mailings, budget meetings and annual meeting notices will continue to be sent via US Mail. All Board meetings will be properly posted at community entrances and clubhouse bulletin boards.

Name:		
Summerfield Address:		
Phone Number(s)	or	
Primary Email:		
Additional email:		
I/We <u>CONSENT</u> to accept any association related information via email.		
Signature	Date	

Print Name

Once consent is given, revocation of such consent may be delivered to the Association via electronic transmission, by hand delivery, by US Mail, by Certified US Mail, or by other commercial delivery service. The owner bears the risk of ensuring delivery of revocation of consent.

Return to: Advantage Property Management 1111 SE Federal Hwy- Suite 100 Stuart, FL 34994 email: <u>advantagepm@advpropmgt.com</u>



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ADVANTAGE PROPERTY MANAGEMENT ASSOCIATION: SUMMERFIELD

PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK

Please supply the following information to facilitate a background check on you.

Last Name	First Name	Middle Name	Date of Birth	Social Security Number
Other Name(c) Maidan (Married		Driver's License Nu	mbor	Ctata
Other Name(s) Maiden/Married		Driver's License Nu	mper	State
Telephone		Email Address		

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Advantage Property Management ("the Company") may obtain a "consumer report" about you from a consumer reporting agency for employment purposes. A "consumer" report is a background screening report that may contain information regarding your criminal history, driving history, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish SentryLink with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED

Signature: Date:

Printed Name: