



Isle of Capri Occupant Application Check List

- Occupant Application page
- Application for Vehicle Permit
- Vehicle Registration
- Deed Page
- Age Verification Form
- Drivers License

Please make sure when submitting your application all documents included.

430 NW Lake Whitney Place, Port St. Lucie, FL 34986
435 S. Yonge Street #3, Ormond Beach, FL 32174
1410 Palm Coast Parkway NW, Palm Coast, FL 32137

Phone 772.871.0004 Fax 772.871.0005
Phone 386.252.2661 Fax 386.673.4943
Phone 386.239.1555 Fax 386.246.9271



OCCUPANT APPLICATION

PLEASE ALLOW THIRTY (30) BUSINESS DAYS FOR PROCESSING

Date _____ Property Address _____

INFORMATION CONCERNING APPLICANT:

APPLICANT NAME: _____ AGE: _____

PRESENT ADDRESS: _____ PHONE _____

APPLICANT NAME: _____ AGE: _____

Owner of Property Name _____ Relationship _____

Name _____ Relationship _____
~~~~~

**EXPECTED MOVE IN DATE:** \_\_\_\_\_

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Applicants' Employer _____ Phone _____ Title _____

Number of years _____ Address _____ Supervisor _____

Co-Applicants' Employer _____ Phone _____ Title _____

Number of years _____ Address _____ Supervisor _____

Pet: Yes No Type & Weight _____
(Circle one)

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**EMERGENCY CONTACT PERSON** \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_

~~~~~

OCCUPANT SIGNATURE _____ **DATE** _____

OCCUPANT SIGNATURE _____ **DATE** _____

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APPLICATION FOR VEHICLE PERMIT

NAME(S) _____ TELEPHONE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

DESCRIPTION OF VEHICLE:

VEHICLE #1:

MAKE _____ MODEL _____ YEAR _____

COLOR _____ VEHICLE TAG NO. _____ STATE _____

VEHICLE #2:

MAKE _____ MODEL _____ YEAR _____

COLOR _____ VEHICLE TAG NO. _____ STATE _____

OWNERSHIP OF VEHICLE:

VEHICLE(S) 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 APPLICATION

SIGNATURE _____

SIGNATURE _____

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

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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 ISLE OF CAPRI NEIGHBORHOOD ASSOCIATION, INC., a copy  
of which I/We have received from the owner.

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Occupant Signature _____ Date: _____

Occupant Signature _____ Date: _____

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AGE VERIFICATION FORM

The following information must be furnished by the applicant(s) 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 in order 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 _____

Applicant (s)

1. Name _____ Date of Birth _____

2. 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.

Applicant _____ *Date* _____

Applicant _____ *Date* _____

Please attach the following:

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

Verified by:

Signature _____ *Date* _____

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