



**This application is used ONLY if Occupant stays more than  
30 days within the Isle**

**Isle of Lombardy Check List**  
**Occupant Only Status**

- Occupant Information Form
- Application for Vehicle Permit
- Copy of Vehicle Registration
- Photocopy of government issued ID
- General Authorization for Applicant Screening
- Isle of Lombardy Background Screening \$25.00 per person 18+ and over

**Please make sure when submitting your application all documents, and fee is 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



# Association Management

## OCCUPANT INFORMATION FORM

PLEASE ALLOW THIRTY (30) BUSINESS DAYS FOR PROCESSING

Property Address: \_\_\_\_\_ Date: \_\_\_\_\_

### INFORMATION CONCERNING OCCUPANT:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Present Address: \_\_\_\_\_

### **Property Owner Information:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Age: \_\_\_\_\_

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Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_

No. of years: \_\_\_\_\_ Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_

No. of years: \_\_\_\_\_ Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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Pet: Yes No Type: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

(Circle one)

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NEAREST RELATIVE IN CASE OF EMERGENCY: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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- ◆ 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 LOMBARDY NEIGHBORHOOD INC., a copy of which was received from the Lessor/Seller.

**Occupant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Occupant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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# Association Management

## APPLICATION FOR VEHICLE PERMIT

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: \_\_\_\_\_

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

\*\*\*A COLOR PHOTOGRAPH OF ABOVE-MENTIONED VEHICLE(S) MUST BE ATTACHED

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

### **FOR ASSOCIATION USE ONLY**

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

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

Signer: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

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**A SEPARATE AUTHORIZATION FORM IS REQUIRED FOR EACH APPLICANT**  
**FEE: \$25.00 per adult applicant, made payable to Isle of Lombardy**

**GENERAL AUTHORIZATION FOR APPLICANT SCREENING**

**Applicant Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

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

**Applicant hereby Authorizes Isle of Lombardy Neighborhood Association, Inc and its Agent, Watson Association Management, LLC, to obtain and verify a social security number search, criminal report history and credit report required to process his/her application for residency.**

**Applicant agrees to indemnify and hold harmless the Isle of Lombardy Neighborhood Association, Inc and Watson Association Management, LLC., 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, LLC.**

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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