



## **Isle of Venice Lease Application Check List**

- Lease Information Form
- Deed Page
- Application for Vehicle Permit
- Copy of Vehicle Registration
- Age Verification Form
- Photocopy of government issued ID
- Pet Page
- Lease Contract
- Non-refundable Processing Fee \$125.00 or Rush \$150.00 payable to Watson Association Management
- Application Fee \$100.00 payable to Isle of Venice

\* An application is considered a **RUSH** when the Lease date is **TWO (2) weeks** from the date you submit your Lease application.

\* If an application is submitted that is **NOT** complete, it will **NOT** be accepted and/or processed. Please ensure that you have all the required information, forms and signatures to avoid any delay(s) in the approval of your application.

\* **Please submit and/or send all complete applications and fees to Watson Association Management, LLC office located at 430 NW Lake Whitney Place, Port St. Lucie, FL 34986**

**Thank you for your Cooperation!**

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

## **LEASE APPLICANT INFORMATION FORM**

*PLEASE ALLOW THIRTY (30) BUSINESS DAYS FOR PROCESSING*

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

### **INFORMATION CONCERNING APPLICANT:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Any other Occupants?  Yes  No If so, please list name relationship & Age:

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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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 VENICE NEIGHBORHOOD INC., a copy of which was received from the Lessor/Seller.*
- ◆ *If Lessor fails to provide a set of Documents to Lessee, a copy may be obtained from Association Management at a cost of \$50.00.*

Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

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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 Regulation of ISLE OF VENICE NEIGHBORHOOD ASSOCIATION, INC., and KINGS ISLE COMMUNITY ASSOCIATION INC., I (we) received a copy from the Lessor/Seller. If 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.



Lessee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lessee Signature: \_\_\_\_\_ 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: \_\_\_\_\_  
 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**

### **FOR ASSOCIATION USE ONLY**

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

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

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

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## AGE VERIFICATION FORM

The following information must be furnished by each residence so that the Association may monitor the percentage of residences occupied by at least one person 55 years of age or older 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: \_\_\_\_\_

Lessee(s)

1. Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

2. Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Additional Occupant(s)?

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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.

\_\_\_\_\_  
*Lessee* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*Lessee* \_\_\_\_\_ *Date*

**Please attach the following:**

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

**Please return this form with the application to Watson Association Management, LLC**

**Verified by:**

\_\_\_\_\_  
*Signature* \_\_\_\_\_ *Date*

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# Association Management

## PET PAGE

**ALL NEW AND CURRENT RESIDENTS MUST SUBMIT THIS  
PET APPROVAL FORM FOR PETS AFTER 03/09/2005**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

**PET #1:**

Type: \_\_\_\_\_

Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_

**PET #2:**

Type: \_\_\_\_\_

Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_

AN OWNER MAY HAVE **TWO (2) PETS**. DOGS/CATS ARE NOT TO EXCEED **TWENTY-FIVE (25) POUNDS** EACH AT MATURITY.

- OWNER MUST PICK UP AFTER THEIR PET
- NO LEASH LONGER THAN EIGHT (8) FEET IS ALLOWED
- I WILL KEEP MY DOG AWAY FROM PEOPLE WHO ARE WALKING TO AVOID A POSSIBLE ACCIDENT
- CATS ARE NOT TO BE TURNED LOOSE

I SUBMIT THIS REQUEST TO THE BOARD PRIOR TO BRINGING THIS PET INTO THE ISLE OF VENICE. IWE UNDERSTAND IF NOT COMPLIED WITH I WILL BE IN VIOLATION AND ACTION WILL BE TAKEN BY THE BOARD.

\_\_\_\_\_  
Signature Date Signature Date

**FOR ASSOCIATION USE ONLY**

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

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

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

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