



This application is used ONLY if Occupant stays more than 30 days within the Isle with current owner

Isle of Venice Occupant Check List

- Occupant Information Form
- Application for Vehicle Permit
- Copy of Vehicle Registration
- Age Verification Form
- Photocopy of government issued ID

* 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

OCCUPANT INFORMATION FORM

Property Address: _____ Date: _____

INFORMATION CONCERNING OCCUPANT:

Name: _____ Age: _____ SSN: _____

Name: _____ Age: _____ SSN: _____

Present Address: _____

Property Owner:

Name: _____ Relation: _____

Name: _____ Relation: _____

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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. Name: _____ Breed: _____
(Circle one)

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

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

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◆ *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.*

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: _____
 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

***** 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 the owner or owners 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: _____

Occupant(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.

Occupant _____
Date

Occupant _____
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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