

# Windy Pines Lease/Resale Checklist

- Lease/Resale Application Page
- Vehicle Page
- Deed Restricted Page
- Pet page
- Email Consent form
- Authorization for Screening form
- Photo ID (must be legible)
- Maintenance Fee Options form (Sales)
- Disclosure Summary (Sales)
- Voting Certificate (Sales)
- Lease/Resale Contract
- Non-refundable Processing fee in the amount of \$125.00 payable to Watson Association Management
- Application fee in the amount of \$100.00 payable to Windy Pines HOA
- Background/Credit screening fee in the amount of \$35.00 per adult payable to Windy Pines HOA

# Please make sure when submitting your application all documents, and fees are included.

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

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

### Thank you for your Cooperation!

430 NW Lake Whitney Place, Port St. Lucie, FL 34986Phone 772.871.0004Fax 772.871.0005435 S. Yonge Street #3, Ormond Beach, FL 32174Phone 386.252.2661Fax 386.673.49431410 Palm Coast Parkway NW, Palm Coast, FL 32137Phone 386.239.1555Fax 386.246.9271



# Applicant Criteria for Residence at Windy Pines III & IV

Windy Pines III & IV requires that all residents, tenants and owners must complete and pass an application approval process that includes a background and credit check.

The Board of Directors has established minimum criteria for applicants. Any applicant that does not meet the following standard will not be accepted for residence at Windy Pines III & IV.

The following is the minimum criteria which must be met to be considered as a resident, tenant or owner of a unit in Windy Pines III & IV.

- A FICO Credit Score of <u>not less than 650</u>.
- No convictions (misdemeanor or felony) for any sexual offense.
- No felony convictions for any federally described violent crime.
- No felony convictions for sale and/or distribution of illegal drugs.
- No evictions from any residential or living facilities.

The Board of Directors has enacted these minimum requirements to safeguard the quality of life and value within our community and reserve the right to reject any applicant for reasons including but not limited to those outlined in this document.

I acknowledge receipt, from my Seller/Lessor, of a copy of the Rules and Regulations (and Homeowners Association documents, if applicable). I understand and agree to the fact that I will be residing in a Homeowners Association and am obligated to abide by the laws of the Windy Pines Community and consent to the right of the Windy Pines Homeowners Association to enforce those laws and assess fines for violation(s). I understand that if I am accepted as an owner/lessee, this application will become part of my Association documents/lease.

LESSEE/PURCHASER:			Date:
	Signature(s)		
LESSEE/PURCHASER:			Date:
	Printed Name(s)		
LESSEE/PURCHASER:			Date:
	Signature(s)		
LESSEE/PURCHASER:			Date:
	Printed Name(s)		
430 NW Lake Whitney Plac		Phone 772.871.0004	
435 S. Yonge Street #3, O 1410 Palm Coast Parkway		Phone 386.252.2661 Phone 386.239.1555	



### **LEASE/RESALE APPLICATION**

Date:	Property Address:		
Applicant Name:	Phone/Cell #:		
Co-Applicant Name:	Phone/Cell #:		
Current Mailing address:	(Address, City, State &	k Zip)	
Any other Occupants? If	· · · ·		
Name	Relation Age		Any additional occupant over 18 must submit an authorization for
Name	Relation	Age	screening form with the screening fee of \$35.00 payable
Do you intend to:			Windy Pines HOA
<ul> <li>Live in the home as a prima</li> <li>Maintain the home as a second</li> <li>Offer the unit as a rental</li> </ul>			
Applicants employers name:		No.	of years there
Address:		Pho	ne #:
Co-Applicants employers name:		No.	of years there
Address:		Pho:	ne #:
I/WE HEREBY AGREE TO ABIDE BY COPY OF WHICH I HAVE RECEIVED		REGULATIONS OF WINDY PI	NES III & IV HOA, INC., A
(IF SELLER FAILS TO PROVIDE A SE MANAGEMENT COMPANY AT A CO			ABLE BY THE ASSOCIATION
AN OWNER SHALL NOT BE PERMI THE LOT	ITTED TO LEASE THEIR UNIT DI	URING THE FIRST YEAR AF	TER OBTAINING TITLE TO
LESSEE/PURCHASER:			Date:
	Signature(s)		
LESSEE/PURCHASER:	Printed Name(s)		Date:
LESSEE/PURCHASER:	Signature(s)		Date:
LESSEE/PURCHASER:			Date:
430 NW Lake Whitney Place 435 S. Yonge Street #3, Or 1410 Palm Coast Parkway N	mond Beach, FL 32174	Phone 772.871.0004 Phone 386.252.2661 Phone 386.239.1555	Fax 386.673.4943
	www.WatsonAssociationMa	nagement.com	



#### VEHICLE INFORMATION

Name:		Phone:	
Name:		Phone:	
Street Add	Iress:		
City:		State:	_Zip:
DESCRIPTION	OF VEHICLE:		
VEHICLE #1:			
Make:	Model:		Year:
Color:	Gross Weight:	VIN:	
Vehicle Ta	ıg: State: _		
VEHICLE #2:			
Make:	Model:		Year:
	Gross Weight:		
Vehicle Ta	ıg:	State:	
	-		
Vehicle 1	registered to:		
Vehicle 2	registered to:		
Street Add	lress:		
City:		_ State:	_ Zip:
	***ALL INFORMATION ON THIS FORM MUST BE CO	DMPLETED	
	***NO TRUCK OR VAN, BOAT, TRAILER, RECRE SHALL BE PARKED, STORED OR OTHERWISE EXCEPT IN THE GARAGE.		
	***ANY CHANGES IN USE OR APPEARANCE OF SUBMITTED TO THE BOARD OF DIRECTORS W		
0:	<b>D</b> -ta	0	Data
Signature	Date	Signature	Date
<u> </u>	F MORE THAN 2 VEHICLES -	- USE ADDI	TIONAL FORM

430 NW Lake Whitney Place, Port St. Lucie, FL 34986Phone 77435 S. Yonge Street #3, Ormond Beach, FL 32174Phone 381410 Palm Coast Parkway NW, Palm Coast, FL 32137Phone 38

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



### **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 WINDY PINES III & IV HOA, INC., a copy of which I/We have received from the owner.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~
Buyer/Lessee	
Signature	Date:
Buyer/Lessee	
	_
Signature	Date:
с	



### PLEASE ADVISE US OF ANY ANIMALS TO BE RESIDING IN THE HOME

- > No pets shall be kept, bred, or maintained for any commercial purpose.
- Household pets shall always whenever they are outside a home be confined on a leash held by a responsible person. Household pets shall mean dogs, cats and other animals expressly permitted by the Association.
- An owner shall immediately pick up and remove any solid animal waste deposited by his pet on the properties, including the common areas and the exclusive neighborhood common area.

Pet(s)? Yes\_\_\_\_\_No\_\_\_\_

<u>Type/Breed</u>	<u>Color/Name</u>	<u>Weight</u>

Signature:	Date:	

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



## EMAIL CONSENT FORM

New Florida statutes state it is against the law to send mass emails to owners without their written consent. By completing, signing, and returning this form, you are authorizing the Board of Directors of the Windy Pines III & IV HOA, Inc. and Watson Association Management to send you information of the Association meetings, reports on actions taken by the Board at those meetings, violations, updates and/or special information. Your email address will <u>not</u> be used for any other purpose than those listed in the previous sentence.

We want to keep you better informed about the developments and issues regarding your investment as an owner in the Windy Pines III & IV HOA, Inc.

* * * * * * * *	* * * * * * * * * * * * * * * * * * * *
Yes □	I authorize Windy Pines III & IV HOA, Inc. and Watson Association Management to email me appropriate meeting notices, agendas, reports, violation letters and other information.
	Email Address:
	Property Address:
	Phone Number(s):
	Signature(s):
	Printed Name(s):

# <u>No</u>

I do not want to receive emails from Windy Pines III & IV HOA, Inc. and Watson Association Management.



### A SEPARATE AUTHORIZATION FORM IS REQUIRED FOR EACH APPLICANT. FEE: \$35.00 per adult applicant, made payable to Windy Pines HOA

### GENERAL AUTHORIZATION FOR APPLICANT SCREENING

		_DOB:	
Social Security Number:		Phone:	
Present Address:			
City:	State:	Zip:	
Previous Address:			
City:	State:	Zip:	
Management, LLC, to obtain and ver background screening required to pr Applicant agrees to indemnify and he Association Management, LLC., thei subcontractors, and agents from any	ocess his/her applica old harmless Windy r employees, manag	ation for residency. Pines III & IV HOA, ers, officers and direc	Inc. and Watsor tors, affiliates,
background screening required to pr Applicant agrees to indemnify and he Association Management, LLC., thei subcontractors , and agents from any	ocess his/her applica old harmless Windy r employees, manag y loss, expense or dan	ation for residency. Pines III & IV HOA, ers, officers and direc nage which may resu	Inc. and Watson tors, affiliates, It directly or ind
background screening required to pr Applicant agrees to indemnify and h	ocess his/her applica old harmless Windy r employees, manag v loss, expense or dan ed by Watson Associ	ation for residency. Pines III & IV HOA, ers, officers and direc nage which may resu ation Management, L	Inc. and Watson ctors, affiliates, lt directly or ind LC.
background screening required to pr Applicant agrees to indemnify and he Association Management, LLC., thei subcontractors , and agents from any from information or reports furnishe	ocess his/her applica old harmless Windy r employees, manag y loss, expense or dar ed by Watson Associ	ation for residency. Pines III & IV HOA, ers, officers and direc nage which may resu ation Management, L	Inc. and Watson ctors, affiliates, lt directly or ind LC.
background screening required to pr Applicant agrees to indemnify and he Association Management, LLC., thei subcontractors , and agents from any from information or reports furnishe Applicant Signature:	ocess his/her applica old harmless Windy r employees, manag y loss, expense or dar ed by Watson Associ	ation for residency. Pines III & IV HOA, ers, officers and direc nage which may resu ation Management, L	Inc. and Watson ctors, affiliates, lt directly or ind LC.



# **MAINTENANCE FEE PAYMENT OPTIONS**

□ **Option 1:** <u>Coupons</u> (for mailing payments):

or

□ **Option 2:** <u>Direct Payments</u> (ACH Debits): Please complete the following, and return same with this Resale Application:

Association Name: Windy Pines HOA

Account Number \_\_\_\_\_

I (we) hereby authorize <u>Alliance Association Bank</u>, to initiate debit entries from the bank account indicated below for the benefit of the depository named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. *I (we) confirm that the source of the funds for payment of these debit entries will NOT originate from a Financial Agency's office located outside the territorial jurisdiction of the United States.* 

Bank Name			
Branch			
City	State	Zip	
Routing Number			
Account Number			
This authorization is to remain in full e owner(s) of any termination. This sh to process any changes within a reaso	ould be done in a suitable i		
Name (please print)			
Name (please print)			
Account Holder Signature		Date	

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: In case of revoked authorization, written notification must be made to the originator no later than 15 days before the effective date of the next transaction.

#### Please attach a VOIDED check



# Disclosure Summary For Windy Pines III & IV Homeowners' Association, Inc.

- 1. As a purchaser of property in this community, you will be obligated to be a member of a homeowner's association.
- 2. There have been recorded restrictive covenants governing the use and occupancy of properties in this community.
- 3. You will be obligated to pay maintenance assessments to the association. Assessments may be subject to periodic change. The current amount is **\$130.00** per quarter.
- 4. You may also be obligated to pay any special assessments that may be imposed by the association.
- 5. You will be obligated to pay a Capital Contribution to Windy Pines III & IV HOA equal to 25% of annual Assessments upon acquiring title. The current amount that will be collected is **\$130.00**. This fee is not to be construed as an advancement of HOA fees.
- 6. You may be obligated to pay a special assessment to the respective municipality, county, or special district. All assessments are subject to periodic change.
- 7. Your failure to pay any of these assessments could result in a lien on your property.
- 8. The statements contained in this disclosure form are only summary in nature and, as a prospective purchaser you should refer to the covenants and the association governing documents before purchasing property.
- 9. These documents are matters of public record and can be obtained from the record office in the county where the property is located or from Watson Association Management, LLC for a fee.

Purchaser:	Date:		
Purchaser:	Date:		
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 Phone 386.252.2661 Phone 386.239.1555	Fax 386.673.4943	



# (SALES ONLY)

# VOTING CERTIFICATE Windy Pines III & IV HOA, Inc.

Know all men by these present, that the undersigned is the record owner (s) in Windy Pines III & IV HOA, Inc. shown below, and hereby constitutes, appoints and designates:

### (Insert one owners name above)

As the voting representative for the HOMEOWNERS ASSOCIATION unit owned by said undersigned pursuant to the by-laws of the Association.

The voting representative is hereby authorized and empowered to act in the capacity herein set forth until the undersigned otherwise modifies or evokes the authority set forth in this voting certificate.

Dated this \_\_\_\_\_\_, 20\_\_\_\_\_,

 Signature
 Signature

 (Unit owner's signature – If jointly-owned, both owners' signatures required)

Property Address \_\_\_\_

Port St. Lucie, FL 34986

When there is a corporation or partnership as owners of the property, then a voting representative must be appointed by the corporation or partnership and becomes the representative. All owners must sign this form to acknowledge this appointment.

430 NW Lake Whitney Place, Port St. Lucie, FL 34986Phone 772.871.0004Fax 772.871.0005435 S. Yonge Street #3, Ormond Beach, FL 32174Phone 386.252.2661Fax 386.673.49431410 Palm Coast Parkway NW, Palm Coast, FL 32137Phone 386.239.1555Fax 386.246.9271