



Kingman Acres Condominium Village IIA, Inc.
Application Checklist

- Application Page
- Vehicle Information Page
- Deed Restricted Community Page
- Pet Page
- Authorization for Screening (one per applicant)
- Photo ID – must be legible
- Email Consent form
- Maintenance Fee Options
- Disclosure Summary (Sales)
- Voting Certificate (Sales)
- Addendum to Lease Page
- Copy of executed Lease/ Sales Contract
- Non-refundable Processing fee of \$100.00 or \$125.00 RUSH (less than 2 weeks) payable to Watson Association Management
- Application fee of \$100.00 payable to Kingman Acres Condominium IIA

*** An application is considered a RUSH when the Closing/Lease date is 2 weeks or less from the date you submit your application.**

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

***** 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**

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/RESALE APPLICATION

Date: _____ Property Address: _____

Applicant Name: _____ Active Military Service Member ____ Yes ____ No

Co-Applicant Name: _____ Active Military Service Member ____ Yes ____ No

Present Address: _____

Applicant Phone: _____ Co-Applicant Phone: _____

Any other Occupants? _____ If Yes, list names, age and relationship:

Name _____ Relation _____ Age _____

Name _____ Relation _____ Age _____

Any additional occupant over 18 must submit an authorization for background screening form.

Do you intend to:

- Live in the unit as a primary residence
- Maintain the unit as a secondary residence
- Offer the unit as a rental
- Rent from Owner

Applicants employers name: _____ No. of years there _____

Address: _____ Phone #: _____

Co-Applicants employers name: _____ No. of years there _____

Address: _____ Phone #: _____

I/WE HEREBY AGREE TO ABIDE BY ALL DOCUMENTS AND RULES & REGULATIONS OF KINGMAN ACRES CONDOMINIUM VILLAGE IIA, INC., A COPY OF WHICH DOCUMENT I HAVE RECEIVED FROM SELLER/LESSOR.

(IF SELLER/LESSOR FAILS TO PROVIDE A SET OF DOCUMENTS TO BUYER/LESSEE, A COPY WILL BE MADE AVAILABLE BY THE ASSOCIATION MANAGEMENT COMPANY AT A COST OF \$50.00 PER DOCUMENT COPY.)

LESSEE/PURCHASER: _____ Date: _____
Signature(s)

LESSEE/PURCHASER: _____ Date: _____
Printed Name(s)

LESSEE/PURCHASER: _____ Date: _____
Signature(s)

LESSEE/PURCHASER: _____ Date: _____
Printed Name(s)

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Association Management

VEHICLE INFORMATION

Name: _____ Phone: _____

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

DESCRIPTION OF VEHICLE(S):

VEHICLE #1:

Make: _____ Model: _____ Year: _____

Color: _____ Gross Weight: _____ VIN: _____

Vehicle Tag: _____ State: _____

Registered to: _____

Street Address: _____

City: _____ State: _____ Zip: _____

VEHICLE #2:

Make: _____ Model: _____ Year: _____

Color: _____ Gross Weight: _____ VIN: _____

Vehicle Tag: _____ State: _____

Registered to: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Signature: _____ 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 Regulations  
of KINGMAN ACRES CONDOMINIUM VILLAGE IIA, INC., a copy  
of which I/We have received from the owner.

- I/We have received and read the documents of the association.
- I/We have NOT received and read the documents of the association.

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Lessee/Buyer
Signature _____ Date: _____

Lessee/Buyer
Signature _____ Date: _____



PLEASE ADVISE US OF ANY ANIMALS TO BE RESIDING IN THE UNIT

- Dogs which are household pets shall always whenever they are outside a unit be confined on a leash held by a responsible person.
- All owners 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.
- A total of **one (1)** pet is permitted and shall not be more than **twenty-five (25) pounds** at maturity.

Pet? Yes _____ No _____ (if no pets this form must be signed and turned in)

Pet Type: _____ Weight: _____ Age: _____ Color: _____ Sex: _____
Name: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

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**A SEPARATE AUTHORIZATION FORM IS REQUIRED FOR
EACH APPLICANT AND EACH ADULT OCCUPANT.
PHOTO I.D. MUST ACCOMPANY THIS FORM AND BE LEGIBLE**

GENERAL AUTHORIZATION FOR APPLICANT SCREENING

Applicant Name: _____ **DOB:** _____

Social Security Number: _____ **Phone:** _____

Present Address: _____

City: _____ **State:** _____ **Zip:** _____

Previous Address: _____

City: _____ **State:** _____ **Zip:** _____

Applicant hereby Authorizes Kingman Acres Condominium Village IIA, Inc. and its Agent, Watson Association Management, LLC to obtain and verify a social security number search and criminal report required to process his/her application for residency.

Applicant agrees to indemnify and hold harmless Kingman Acres Condominium Village IIA, 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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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 Kingman Acres Condominium Village IIA, 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 **not** be used for any other purpose than those listed in the previous sentence.

Yes

I authorize Kingman Acres Condominium Village IIA, 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): _____

No

I do not want to receive emails from Kingman Acres Condominium Village IIA, Inc. and Watson Association Management.

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MAINTENANCE FEE PAYMENT OPTIONS

- Option 1:** Mail Payments: 430 NW Lake Whitney Place, Port St. Lucie, FL 34986
- Option 2:** Pay Online Via Property page: www.WatsonAssociationManagement.com
- Option 3:** Direct Payments (ACH Debits): Please complete the following and return same with this Resale Application.

Association Name: Kingman Acres Condominium Village IIA, Inc. Unit Account Number _____

I (we) hereby authorize SouthState Bank, 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 effect until the Originator has received written notification from the bank account owner(s) of any termination. This should be done in a suitable manner to allow all parties involved the opportunity to process any changes within a reasonable amount of time.

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

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Disclosure Summary For KINGMAN ACRES CONDOMINIUM VILLAGE IIA, INC.

1. As a purchaser of property in this community, you will be obligated to be a member of a Condominium 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.
4. You may be obligated to pay a special assessment to the respective municipality, county, or special district. All assessments are subject to periodic change.
5. Your failure to pay any of these assessments could result in a lien on your property.
6. 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.
7. 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 Kingman Acres Condominium Village IIA, Inc. for a fee.

Purchaser: _____ Date: _____

Purchaser: _____ Date: _____

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Association Management

(SALES ONLY)

VOTING CERTIFICATE

Kingman Acres Condominium Village IIA, Inc.

Know all men by these present, that the undersigned is the record owner (s) In KINGMAN ACRES CONDOMINIUM VILLAGE IIA, INC. shown below, and hereby constitutes, appoints and designates:

(Insert one owners name above)

As the voting representative for the KINGMAN ACRES CONDOMINIUM VILLAGE IIA, INC. 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 _____ day of _____, 20____.

Signature

Signature

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

Property Address _____
Stuart, Florida 34994

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.

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### Addendum to Lease

“The tenant hereby agrees, in accordance with Florida Law, that upon receipt of notice from **Kingman Acres** (the Association) that the Landlord is delinquent in paying any monetary obligation due to the Association, the tenant will pay his/her subsequent rental payments and continue to make such payments until all the monetary obligations of the Landlord (parcel owner) have been paid in full to the association and the Association release the tenant or until the tenant discontinues tenancy in the parcel.” Payment due the Association may be in the same form as you paid your Landlord and must be sent by United States mail or hand delivery to the Association, 430 NW Lake Whitney Place, Port St. Lucie, FL 34986 payable to **Kingman Acres Condominium Village IIA, Inc.**

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Lessee Signature _____ Date: _____

Lessee Signature _____ Date: _____

Owner Signature _____ Date: _____

Owner Signature _____ Date: _____

Property Address: _____

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