



Miles Grant Condominium One, Inc. Check List

- Lease / Resale Information Form
- Application for Vehicle Permit
- Copy of Vehicle Registration & photo
- Deed Page
- Pet Page
- Age Verification Form
- Photocopy of government issued ID
- Documents Page
- Authorization for Background Screening (1 per adult)
- References
- Insurance Form
- Disclosure Summary (Sales Only)
- Email Consent Form
- Resident Directory Authorization form
- Certificate of Acknowledgement (Leases Only)
- Voting Certificate (Sales Only)
- Lease / Sales Contract
- Watson Association Management \$100.00 or Rush \$125.00 Non-refundable Processing Fee
- Miles Grant Condominium Background fee \$50.00 per adult \$_____

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

LEASE / RESALE INFORMATION FORM

PLEASE ALLOW THIRTY (30) BUSINESS DAYS FOR PROCESSING

Property Address: _____ Date: _____

INFORMATION CONCERNING PURCHASER/TENANT:

Name: _____ Age: _____

Phone #: _____

Name: _____ Age: _____

Phone #: _____

Present Address: _____

Do you intend to:

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

Any other occupants:

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: _____
(Name)

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 MILES GRANT CONDOMINIUM ONE, INC., a copy of which was received from the Lessor/Seller.*
- ◆ *Owner and/or Lessee agree that the terms of the **attached lease/contract** are within the requirements of MILES GRANT CONDOMINIUM ONE, INC. Rules & Regulations.*
- ◆ *I agree that I will not rent or sell to any person who has not been approved by the Association.*
- ◆ *Renters are not permitted to sub-lease their premises.*

Purchaser/Tenant: \_\_\_\_\_ Date: \_\_\_\_\_

Purchaser/Tenant: \_\_\_\_\_ Date: \_\_\_\_\_

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**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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**DEED RESTRICTED COMMUNITY**

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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 MILES GRANT CONDOMINIUM ONE, INC. I (we) received a copy from the Lessor/Seller. If seller/lessor 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.

- ☐ 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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Buyer/Lessee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Buyer/Lessee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## PET PAGE

**NO DOGS ARE NOT PERMITTED ON THE PROPERTY**  
**If NO pets please sign and return with application**

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

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

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

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

**PET #1:**

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

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

AN OWNER MAY HAVE **ONE (1) INDOOR CAT PER HOUSEHOLD.**

- CATS MUST BE KEPT INDOORS. A CARRIER OR LEASH MUST BE USED FOR TRANSPORT
- VACCINATIONS AND MARTIN COUNTY PET LICENSE MUST BE KEPT UP TO DATE.
- ALL LITTER MUST BE IN A BAG TO BE DISPOSED OF IN THE **DUMPSTER ONLY.** OWNERS WILL BE HELD RESPONSIBLE FOR ANY DAMAGE TO DRAINS IF LITTER OR WASTE FROM ANIMALS IS DISPOSED OF IN TOILETS.
- SERVICE DOGS AND EMOTIONAL SUPPORT ANIMALS ARE SUBJECT TO RULES.

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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## 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 to preserve the status of Miles Grant Condominium as a community of housing for older persons in accordance with Miles Grant Condominium documents and the Federal Fair Housing Act.

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

Owner(s)

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

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

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

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

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.

\_\_\_\_\_  
*Owner* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*Owner* \_\_\_\_\_ *Date*

**Please attach the following:**

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

**Verified by:**

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

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## DOCUMENTS PAGE

I (we) fully authorize investigation of all answers and references given.

I (we) fully acknowledge and agree that lessee/purchaser may not park any vehicle as described in Article 14 of the Governing Documents (Rules & Regulations) of MILES GRANT CONDOMINIUM ONE, INC. Community Association, a copy of which was received from the Lessor/Seller.

I (we) hereby agree to abide by all Documents and Rules & Regulations of MILES GRANT CONDOMINIUM ONE, INC, a copy was received from Lessor/Seller.

If Seller fails to provide a set of Documents to Buyer, a copy may be obtained by the Association Management at a cost of \$50.00.

### **A COPY OF THE EXECUTED CONTRACT / OR LEASE MUST BE ATTACHED**

Purchaser and / or Lessee agree that the terms of the attached lease / contract is within the requirements of MILES GRANT CONDOMINIUM ONE, INC. Rules & Regulations.

- ◆ Renters are not permitted to sub-lease their premises.
- ◆ Owners are not permitted to sub-lease a portion of their home.

**Purchaser/Lessee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Purchaser/Lessee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**A SEPARATE AUTHORIZATION FORM IS REQUIRED FOR EACH APPLICANT**

**A LEGIBLE COPY OF PHOTO ID MUST BE INCLUDED**

**\$50.00 SCREENING FEE PAYABLE TO MILES GRANT CONDOMINIUM**

### **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 Miles Grant Condominium and its Agent, Watson Association Management, LLC, to obtain and verify a social security number, and criminal background screening, and credit check as required to process his/her application for residency.**

**Applicant agrees to indemnify and hold harmless Miles Grant Condominium 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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## References

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Please provide us with 3 references that we may contact.

Applicant's Name: \_\_\_\_\_

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

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

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

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

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

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

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## Insurance Form

**YOU WILL BE OLIGATED TO TURN IN A COPY OF YOUR DECLARATIONS PAGE OF YOUR INSURANCE POLICY AFTER CLOSING.**

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

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

Telephone No: \_\_\_\_\_

I/We here by agree to turn in a copy of the Declarations pages of the insurance after closing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Disclosure Summary For The Miles Grant Condominium

1. As a purchaser of property in this community, you will be obligated to be a member of the condominium association.
2. There are recorded restrictive covenants governing the use and occupancy of properties in this community.
3. You will be obligated to pay monthly maintenance assessments to the Miles Grant Condominium One, Inc. Assessments may be subject to periodic change.
4. You will be obligated to become a member of Miles Grant Country Club and pay a monthly fee of **\$165.00**
5. You will also be obligated to pay any special assessments that may be imposed by the association. If applicable, the current amount is **\$0.00.**
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. 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: \_\_\_\_\_

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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 consents. By completing, signing, and returning this form, you are authorizing the Board of Directors of the Miles Grant Condominium One, 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.

We want to keep you better informed about the developments and issues regarding your investment as an owner in the Miles Grant Condominium One, Inc.

\*\*\*\*\*

**Yes**

☐

I authorize Miles Grant Condominium One, Inc. and Watson Association Management to email me appropriate meeting notices, agendas, reports, violation letters and other correspondence.

**Email Address:**

\_\_\_\_\_

**Property Address:**

\_\_\_\_\_

**Phone Number(s):**

\_\_\_\_\_

**Signature(s):**

\_\_\_\_\_

**Printed Name(s):**

\_\_\_\_\_

**No**

☐

I do not want to receive emails from Miles Grant Condominium One, Inc. and Watson Association Management.

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### **OWNERS' DIRECTORY AUTHORIZATION**

The Miles Grant Condominium One Owners' Directory is updated and distributed periodically to Miles Grant Condominium owners only. **Only supply the information below that you consent to have printed in the directory.**

Owner's Name(s) :

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Miles Grant Address:

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Primary Phone Number:

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Alternative or Cell Number:

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E-Mail Address:

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- ☐ I/We **CONSENT** to have the above information printed in the directory.
- ☐ I/We **DO NOT CONSENT** to have the above information printed in the directory.

**Signature:**

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**Signature:**

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## LEASES ONLY

### Certificate of Acknowledgement

#### Additional Condition of Approval Agreement

An Additional Condition of Approval to the required Certificate of Acknowledgement, to facilitate occupancy of a unit by lease, whereby the Owner and Tenant shall be required to sign this agreement prior to occupancy, with the Miles Grant Condominium One, Inc., providing that should Owner fail to make necessary assessment payments in accordance with the Miles Grant Condominium One, Inc. Documents, that the Miles Grant Condominium One, Inc. shall have the authority to contact the Tenant, advise them of the delinquency of the Owner, and the Tenant shall be required to make rent payments to the Miles Grant Condominium One, Inc.. Such rent payments made to the Miles Grant Condominium One, Inc. shall be deemed payments of rents, and to the extent that they bring the Unit current, will result in the reinstatement of all services. Upon rent payments to the Miles Grant Condominium One, Inc. to bring the account current, including all payments identified in this agreement, any excess funds will be forwarded to the Owner, and Tenant be advised that all further rent payments should be to the Owner while the Owner is current on all of its obligations as set forth herein.

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

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

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

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

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**(SALES ONLY)**

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***VOTING CERTIFICATE***  
***Miles Grant Condominium One, Inc.***

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Know all men by these present, that the undersigned is the record owner (s) In Miles Grant Condominium One, Inc. shown below, and hereby constitutes, appoints and designates:

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(Insert one owners name above)

As the voting representative for the CONDOMINIUM 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

---

**Signature**

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

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**Signature**

Property Address \_\_\_\_\_  
Stuart, FL 34997

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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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