



### **Callaway Place Application Check List**

- Lease Application Page
- Vehicle Page
- Pet Page
- Deed Page
- Lease Contract
- \$125.00 or \$150.00 RUSH (less than 2 weeks) payable to Watson Association Management-Non-refundable Processing Fee

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

**\*Please submit and/or send all complete applications and fees to  
Watson Association Management, LLC  
1648 SE Port St. Lucie Blvd.  
Port St. Lucie, FL 34952**

1648 SE Port St. Lucie Blvd., Port St. Lucie, FL 34952  
808 Dunlawton Avenue, Port Orange, FL 32127  
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 386.246.9720 Fax 386.246.9271

[www.WatsonAssociationManagement.com](http://www.WatsonAssociationManagement.com)



# Association Management

## LEASE APPLICATION

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

### INFORMATION CONCERNING APPLICANT(S):

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

Co-Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Other occupants: Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Do you intend to:

- Live in the home as a primary residence
- Maintain the home as a secondary residence
- Rent home from owner

Applicant Employer \_\_\_\_\_ Phone \_\_\_\_\_ Title \_\_\_\_\_

Number of years \_\_\_\_\_ Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Co-Applicant Employer \_\_\_\_\_ Phone \_\_\_\_\_ Title \_\_\_\_\_

Number of years \_\_\_\_\_ Address \_\_\_\_\_ Supervisor \_\_\_\_\_

### EMERGENCY CONTACT PERSON \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_

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

*If Landlord fails to provide a set of Documents to Lessee, a copy may be obtained from Watson Association Management, LLC at a cost of \$50.00.*

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

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

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## VEHICLE INFORMATION

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: \_\_\_\_\_

\*\*\*ALL INFORMATION ON THIS FORM MUST BE COMPLETED

\*\*\*NO TRUCK OR VAN, BOAT, TRAILER, RECREATIONAL VEHICLE OR COMMERCIAL VEHICLE SHALL BE PARKED, STORED OR OTHERWISE KEPT ON ANY PORTION OF THE PROPERTY EXCEPT IN THE GARAGE.

\*\*\*ANY CHANGES IN USE OR APPEARANCE OF THE ABOVE DESCRIBED VEHICLE(S) MUST BE SUBMITTED TO THE BOARD OF DIRECTORS WITH A NEW VEHICLE APPLICATION.

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

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

**IF MORE THAN 2 VEHICLES – USE ADDITIONAL FORM**

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

- No pets shall be kept, bred, or maintained for any commercial purpose.
- Dogs which are household pets shall always whenever they are outside a unit be confined on a leash held by a responsible person.
- An owner/tenant 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.
- The Board can revoke the privilege of having a pet on the property.

Pet(s)? Yes \_\_\_\_\_ No \_\_\_\_\_ Please sign and return if no pets

Pet Type: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name: \_\_\_\_\_

Pet Type: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name: \_\_\_\_\_

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

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

*This form is REQUIRED, if no pets please mark "NO" above*

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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 & Regulations of CALLAWAY PLACE ASSOCIATION, INC., I (we) received a copy from the 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.

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

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

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