



Tivoli Trace Condominium Association
Additional Occupant Application Checklist

- Application Page
- Vehicle Information Page
- Vehicle Registration(s)
- Deed Restricted Community Page
- Pet Page
- Veterinarian Records (if applicable)
- Authorization for Screening (one per applicant)
- Photo ID – must be legible
- Affidavit of Application (must be signed and notarized)
- Non-refundable processing fee of \$100.00 payable to Watson Association Management
- Screening fee of **\$50.00 for each** applicant over 18 payable to Tivoli Trace Condominium Association

If an application is submitted and is *NOT* complete, it will *NOT* be processed.

Please make sure when submitting your application all documents and fees are included to avoid any delay in the approval of your application.

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



ADDITIONAL OCCUPANT 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 screening form along with a
\$50.00 fee payable to Tivoli
Trace Condominium.**

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 TIVOLI TRACE CONDOMINIUM ASSOCIATION, A COPY OF WHICH DOCUMENT I HAVE RECEIVED FROM LESSOR.

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

OCCUPANT: _____ Date: _____
Signature(s)

OCCUPANT: _____ Date: _____
Printed Name(s)

OCCUPANT: _____ Date: _____
Signature(s)

OCCUPANT: _____ Date: _____
Printed Name(s)

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



APPLICATION FOR VEHICLE PERMIT

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: _____

PLEASE NOTE:

- ☐ EACH UNIT HAS AN ASSIGNED NUMBERED SPACE. OWNER OR RESIDENT MAY NOT KEEP MORE THAN TWO (2) VEHICLES WITHIN THE COMMUNITY ON A PERMANENT BASIS WITHOUT PRIOR WRITTEN CONSENT OF THE BOARD OF DIRECTORS.
- ☐ NO PARKED VEHICLE MAY IMPEDE THE GENERAL TRAFFIC FLOW THROUGH A PARKING LOT. VEHICLES BACKED INTO PARKING SPACES MAY NOT BLOCK OR INFRINGE UPON THE ADJOINING WALKWAY.

Signature: _____ Date: _____

Signature: _____ 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 Fax 772.871.0005
Phone 386.252.2661 Fax 386.673.4943
Phone 386.239.1555 Fax 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 TIVOLI TRACE CONDOMINIUM ASSOCIATION, a  
copy of which I/We have received from the owner.

~~~~~

Occupant
Signature _____ Date: _____

Occupant
Signature _____ 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 Fax 772.871.0005
Phone 386.252.2661 Fax 386.673.4943
Phone 386.239.1555 Fax 386.246.9271



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.
- The breed of dog commonly known as “pit bull” is prohibited.
- No pets shall be kept, bred, or maintained for any commercial purpose.
- 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 2 pet(s) weighing 20 pounds each. Residents must furnish the Association with a copy of all vaccinations

Pet? Yes _____ No _____ (If no pets please sign and return)

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

Pet? Yes _____ No _____

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

- **I/We further agree to furnish the Association with a copy of all vaccinations.**

Signature: _____ Date: _____

Signature: _____ 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 Fax 772.871.0005
Phone 386.252.2661 Fax 386.673.4943
Phone 386.239.1555 Fax 386.246.9271



**A SEPARATE AUTHORIZATION FORM IS REQUIRED FOR
EACH APPLICANT. BACKGROUND SCREENING FEE OF \$50.00 PER
APPLICANT PAYABLE TO TIVOLI TRACE**

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 Tivoli Trace Condominium Association and its Agent, Watson Association Management to obtain and verify a social security number search and criminal and credit report required to process his/her application for residency.

Applicant agrees to indemnify and hold harmless Tivoli Trace Condominium Association and Watson Association Management, 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.

Applicant Signature: _____

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 Fax 772.871.0005
Phone 386.252.2661 Fax 386.673.4943
Phone 386.239.1555 Fax 386.246.9271

PART XI – AFFIDAVIT OF APPLICATION AND OCCUPANCY

Lessee, Primary Occupant, or Additional Occupant:

☐ I/we understand that the Board of Directors of Tivoli Trace Condominium Association may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I/we specifically authorize the BOARD OF DIRECTORS, MANAGEMENT AND RENTER'S REFERENCE OF FLORIDA, INC., to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors, Officers and Management of the Tivoli Trace Condominium Association itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

☐ I/we understand that the acceptance for Lease, Rental, Primary Occupancy, or Additional Occupancy at Tivoli Trace Condominium is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of the information on these forms will result in the automatic disqualification of the application. I/we certify that the information provided herein to the Tivoli Trace Condominium Association is as true and correct as I/we can make it, to the best of our knowledge and understanding. In making this application,

☐ I/we are aware that the decision of the Tivoli Trace Board of Directors will be final, and no reason may be given if it is a denial, which I/we will accept.

☐ I/we understand that in order to continue to maintain a single-family residential community, and to provide all possible security for its owners, and further to prevent a motel-like atmosphere with its resultant harmful effects upon Tivoli Trace Condominium's reputation and residential values, the Association's Board of Directors have adopted the following resolution; During the absence of the owner, or Principal Member, the unit may be occupied by guests, for up to three (3) weeks, only if this guest registration form is filled out. Guests remaining longer than three weeks shall be considered lease tenants and be subject to leasing provisions and restrictions. The guest registration form is available at the Association's website, www.tivolitrace.com.

☐ I/we understand that no other persons, other than the Owner or Primary Member if LLC, may make application for architectural change of the unit or make any architectural changes whatsoever to a unit or building and that the Broward Sheriff's Code Enforcement Officers routinely patrol Tivoli Park and that enforcement of codes within the unit is levied on the individual unit owner and not the Tivoli Trace Condominium Association. I/we understand that violations and fines for making changes without Board of Directors Approval, for hiring non-licensed contractors, and for having work done without permits can be steep and that legal fees for defense can be even higher, and can be assessed to the unit owner. I/we further understand that for all unit repairs we are to contact the owner, Primary Member, or Leasing Agent, as so directed at time of lease.

☐ I/we received a copy of the Tivoli Trace Condominium Associations Governing Documents, and Rules and Regulations, from either the ___ Owner or Principal Member, or ___ Leasing Agent, or ___ Selling Agent. I/we understand that as occupants of the unit we are bound by these documents and agree to enforce the provisions and restrictions upon ourselves and our Guests who may occupy the unit with us from time to time. I/we understand that there is a limit of four (4) occupants per unit, and that all occupants residing permanently must make application to the Association for occupancy and pay an application fee. Additionally, I/we understand that guests may reside with us in the unit for up to 3 weeks, after which time they are considered permanent residents.

☐ I/we understand the pet restrictions as provided in the Associations Governing Documents / Rules and Regulations, especially, the ones that restrict a pet to 20 lbs or less at maturity and that I may not have more than two(2) pets. I/we will ___ will not___ be bringing pets into the unit. If I/we, our guests, or tenants, decide to bring a pet into the unit forthcoming, then I/we understand that a Pet Application, attached hereto, must be submitted to the Board of Directors for approval.

☐ I/we understand that the unit shall be made available for inspection, if requested by Board of Directors, as a condition of approval.

☐ I/we understand that due to the limitation of available parking spaces, up to two (2) parking registration stickers may be applied for per unit, for residents residing at the unit with proof of address, for vehicles that are in use at the unit, and that parking stickers may not be transferred between vehicles or between units. Any parking sticker violations may result in the suspension of parking privileges, or booting, and/or towing of the vehicle.

Understanding the penalties for perjury, fraud, and prosecution that may be forthcoming for such, I/we attest that all information presented is true and accurate to the best of my/our knowledge and understanding:

<div></div>	<div></div>
Owner, Agent, or Primary Member if LLC	Date

<div></div>	<div></div>
Applicant (___Lessee ___Primary Occupant ___Additional Occupant)	Date

<div></div>	<div></div>
Applicant (___Lessee ___Primary Occupant ___Additional Occupant)	Date

<div></div>	<div></div>
Applicant (___Lessee ___Primary Occupant ___Additional Occupant)	Date

State or Country }
County or Province } SS

BEFORE ME, UNDER PENALTY OF PERJURY, the undersigned did swear that the foregoing instrument was acknowledged and that all information was given truthfully and completely, this day of 20__ by and , applicants, who is/are personally known to me or have produced _____ as identification and did take an oath.

NOTARY PUBLIC - State of Fl., or country equivalent

SEAL

(signed)
(print)