



**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
- Non-refundable processing fee of \$100.00 payable to Watson Association Management
- Background 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



# Association Management

## 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)

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# Association Management

## 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: \_\_\_\_\_

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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 TIVOLI TRACE CONDOMINIUM ASSOCIATION, a copy of which I/We have received from the owner.

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

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

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**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: \_\_\_\_\_

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Association Management

**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: \_\_\_\_\_

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