



100 Albany Ave., Suite 300, Stuart, Florida 34994

Office: (772) 320-9617

## WHITEMARSH RESERVE HOA

(Circle one) Sale/ Lease/ Renewal

Checklist

RUSH \_\_\_\_ \$100 (5 BUS.DAYS)

STAMP DATE BY OFFICE: \_\_\_\_\_ Closing or Leasing Dates: \_\_\_\_\_

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

Name Renter/Buyer(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Co-renter/buyer(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ALL ITEMS INCLUDING THE APPLICATION FEES MUST BE SUBMITTED ALONG WITH THIS CHECKLIST FOR THE APPLICATION TO BE PROCESSED - 14 BUSINESS DAYS FOR REGULAR PROCESSING**

General Submission Requirements:

- |  |  |
|--|--|
| <input type="checkbox"/> ____ Completed Application                | <input type="checkbox"/> ____ (Provide a picture of pet(s)) - ____ N/A |
| <input type="checkbox"/> ____ Executed Contract                    | <input type="checkbox"/> ____ Non-refundable Application Fees          |
| <input type="checkbox"/> ____ Background Screening & ID            | <input type="checkbox"/> ____ \$125 to Avant-Garde Management          |
| <input type="checkbox"/> ____ New Leases - Proof of Credit Score   | <input type="checkbox"/> ____ \$75 to Whitemarsh Reserve               |
| <input type="checkbox"/> ____ Any New Pets (circle one)- Yes or No | <input type="checkbox"/> ____ Photocopy of checks or money orders      |

**Buyer /Lessee Realtor Info:** Company Name:

\_\_\_\_\_

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

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

Email: \_\_\_\_\_

**Title Company Name Info (if applicable):**

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

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

Email: \_\_\_\_\_

**Owner or Owner Realtor Info:**

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

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

Email: \_\_\_\_\_

**Email for Certificate of Approval to:** Pick-up? Y or N

Person/Company: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Management Comments:

DATE: \_\_\_\_\_ INSPECTION: \_\_\_\_\_

Ledger:	Vio's in Top: Yes / No	COA:	Info Email:
BKGN:	Scanned & Saved:	INTERVIEW:	Logged:

# WHITEMARSH RESERVE HOMEOWNERS' ASSOCIATION, INC.

## Instructions for Lease/Sale Application Form

1. Fill out the Lease/Sale Application form in full. Incomplete Applications will create unnecessary delay in occupancy. Put N/A for any and all area that does not apply.
2. A fully executed copy of the lease/sale agreement must accompany the application.
3. Provide the credit score of all over 18. We can do this for you if you are unable to do so (for new leases only).
4. A Copy of Driver License must accompany the application.
5. The Notice of Intent to lease/sell must be completed and returned by the current owner.
6. A lease ***is not*** effective, nor may the unit be occupied by the respective lessee(s) without the prior written approval by the Board of Directors of the Association.
7. No Unit may be leased out more than two (2) times per year regardless of the lease term; each lease must be for a minimum of ninety (90) days and no month-to-month lease renewal or automatic renewal allowed.
8. No sub-leasing or assignment of lease rights by the tenant is permitted. In no event shall occupancy of a leased home (except for temporary occupancy by visiting guests) exceed two (2) persons per bedroom.
9. Owners are to ensure that their tenants are familiar with the governing Rules and Regulations.
10. Owners are responsible for providing the tenants with access control devices and pool keys.
11. All information and materials requested must be completed, executed, and submitted to the Association, **AT LEAST THIRTY (30) DAYS** prior to the expected date of occupancy.
12. Each owner shall be jointly and severally liable with the tenant to the Association for all costs incurred by the Association for the repair of any damages to Common Areas or to pay any claim for injury or damage to property caused by tenants.
13. Each applicant over 18 years old must pay a non-refundable application fee (for leases and sales) to Whitemarsh Reserve in the **amount of \$75.00 and a processing fee of \$125 made payable to Avant-Garde Management**. The application fee must be paid at the time of submission of the application. **Application will not be processed without required fees.**
14. Completed and signed **Background Investigation Requirement** form must accompany the application. In addition, to a criminal report and a credit report review, the Board of Directors may disapprove any prospective tenant with a credit score under 675. This does not act as a limitation and the Association may disapprove a tenant for other reasons, including but not limited to negative information in the criminal background report or the credit report.

Submit the entire package to:

(Use this address to drop off app when you have an appointment)  
Whitemarsh Reserve Homeowners Association, Inc.  
Avant-Garde Management  
100 Albany Ave., Suite 300  
Stuart, FL 34994

(Use this address to mail in complete application with all documents, including fees and contract)  
Whitemarsh Reserve Homeowners Association, Inc.  
Avant-Garde Management  
P.O. Box 442  
Stuart, FL 34995

Should you have any questions, please contact Management at 772-320-9617

Thank you,

The Board of Directors  
Whitemarsh Reserve Homeowners Association, Inc.

# WHITEMARSH RESERVE HOMEOWNERS' ASSOCIATION, INC.

## NOTICE OF INTENT TO

☐ SELL ☐ LEASE ☐ RENEW LEASE

I/WE DO HEREBY NOTIFY WHITEMARSH RESERVE HOMEOWNERS ASSOCIATION, INC. OF THE INTENT TO SALE/LEASE/RENEW LEASE THE UNIT AS FOLLOWS:

UNIT ADDRESS: \_\_\_\_\_

CURRENT OWNER: \_\_\_\_\_

OWNER PHONE#: \_\_\_\_\_

OWNER EMAIL: \_\_\_\_\_

PROSPECTIVE TENANT/BUYER(S):

\_\_\_\_\_

OTHER PERSONS WHO WILL OCCUPY THE UNIT (if not please write NONE):

NAME:	AGE:	RELATIONSHIP TO TENANTS:
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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LEASE PERIOD/CLOSING DATE: START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

CURRENT OWNER'S SIGNATURE:

\_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

# WHITEMARSH RESERVE HOMEOWNERS' ASSOCIATION, INC.

Avant-Garde Management  
100 Albany Ave., Suite 300  
Stuart, FL 34994  
772-320-9617

## TENANT/NEW OWNER APPLICATION FORM

*For leases only please check one:*

☐ New Lease ☐ Lease Renewal ☐ Sale

Note: In order for Avant-Garde Management to have complete and updated resident information, all applications must include the following information for the prospective tenant(s) and buyer(s).  
**(Please do not leave any lines blank).**

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

Please print information for the prospective tenant/buyer:

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

Employer Name, Address, Telephone: \_\_\_\_\_

Spouse: \_\_\_\_\_

Employer Name, Address, Telephone: \_\_\_\_\_

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

Other Occupants: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Second Address: \_\_\_\_\_ (If applicable)

Telephone Number: \_\_\_\_\_

Emergency Contact:

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

Type of Pets (**write NONE if no pets**) (Max of two (2) pets):

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# WHITEMARSH RESERVE HOMEOWNERS' ASSOCIATION, INC.

Avant-Garde Management  
100 Albany Ave., Suite 300  
Stuart, FL 34994  
772-320-9617

## REFERENCES:

1. Name & Phone Number: \_\_\_\_\_

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

2. Name & Phone Number: \_\_\_\_\_

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

3. Name & Phone Number: \_\_\_\_\_

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

I/We represent that the above information is factual and true and I/We are aware that any falsification or misrepresentation of the facts in this application will result in automatic rejection of this application. I/We consent to further inquiry concerning this application.

\_\_\_\_\_  
Lessee/Buyer Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Lessee/Buyer Signature

Date \_\_\_\_\_

# WHITEMARSH RESERVE HOMEOWNERS' ASSOCIATION, INC.

## BACKGROUND INVESTIGATION REQUEST FORM

{Background form must be filled out by any resident over 18 residing in the unit}

LAST NAME: \_\_\_\_\_ FIRSTNAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ MAIDEN: \_\_\_\_\_

RACE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ \*SOCIAL SEC# \_\_\_\_\_

\*GENDER AT BIRTH: M / F \*DRIVER'SLIC # \_\_\_\_\_ State: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

U.S.BORN CITIZEN: (YES) \_\_\_\_\_ \*\* (NO) \_\_\_\_\_ IF NO, MUST PROVIDE ALIEN/PERMANENT RESIDENT NO.

ALIEN No. \_\_\_\_\_ DOCUMENT TYPE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

You MUST enter County City or Zip Code for NON-FLORIDA (OUT-OF-STATE) Criminal History Searches:

FOR OFFICE ONLY  
(PLEASE CHECK SEARCHES REQUESTED)

FLORIDA CRIMINAL HISTORY FDOC SOCIAL SECURITY # VERIFICATION FLORIDA CRIMINAL HISTORY FDLE

☒ NATION WIDE CRIMINAL RECORDS

STATEWIDE CRIMINAL HISTORY

☒ \*\*CREDIT HISTORY INDIV-JOINT (New Lease only)

(Include sexual predator/offender)

THE SIGNATURE OF THE ABOVE APPLICANT IS REQUIRED FOR ALL SEARCHES!!

I, the undersigned consumer, do hereby authorize Fidelity Data Service to procure a consumer report and/or investigative consumer report on me. I understand that this authorization shall be valid for subsequent consumer and/or investigative consumer reports during my period of my tenancy/occupancy.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record. I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Fidelity Data Service by and through its' independent contractor, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Fidelity Data Service, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq. and Cal. Civ. Code § 1786.

\*\*\*Alien number, document type & expiration date is required if NOT a U.S. BORN citizen.

\*\*\*Credit Histories require Full Name, SSN and most recent address.

\*Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.

Signature of Applicant (REQUIRED): \_\_\_\_\_

DATE: \_\_\_\_\_

# WHITEMARSH RESERVE HOMEOWNERS' ASSOCIATION, INC.

c/o Avant-Garde Management  
100 Albany Ave., Suite 300, Stuart, Florida 34994  
Office: (772) 320-9617  
[www.avantgardemgmt.com](http://www.avantgardemgmt.com)

## **My Q Gate App Registration Form**

Name of Registered App User: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-Mail for App License Registration: \_\_\_\_\_

**Car Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Year:** \_\_\_\_\_

License Plate No.: \_\_\_\_\_ State: \_\_\_\_\_

Registered to: \_\_\_\_\_

**Car Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Year:** \_\_\_\_\_

License Plate No.: \_\_\_\_\_ State: \_\_\_\_\_

Registered to: \_\_\_\_\_

DO YOU HAVE MORE THAN TWO CARS: **Yes**\_\_\_\_ or **No**\_\_\_\_

Check if you are the property owner or tenant? \_\_\_\_\_ Owner \_\_\_\_\_ Tenant

\_\_\_\_\_ **I understand that only 1 license may be registered and used on the same device.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please notify Avant-Garde Management if any information on this form changes by submitting an updated form in the mail. The form with the most recent date is what shall be used for all updates submitted.*

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### **OWNER / BUYER : DEVICES & GATE ACCESS**

I certify, by my signature, that I am a homeowner of Whitemarsh Reserve Homeowners Association, Inc. I agree that the Security Gate Access Control Devices are the property of my home. Upon sale of my home, I relinquish any right to access the community of Whitemarsh Reserve, and all **access devices** will be provided to the new owner. **If you lose your gate entry device a new request form and a check for \$50.00 will be required to receive a replacement.**

Homeowner(s) Signature: \_\_\_\_\_

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

**WHITEMARSH RESERVE HOMEOWNERS' ASSOCIATION, INC.**

*Acknowledgement*

I/We have received, read, understood, and agree to abide by the governing documents of the Whitemarsh Reserve Homeowners' Association, Inc. Failure to comply with the terms and conditions thereof shall be a material default and breach of the PURCHASE or LEASE agreement.

In the event the Owner leases their property and becomes delinquent in the payment of the homeowners' association assessments during the term of the lease, the parties acknowledge the Association shall have the right to notify the tenant of such delinquency and demand all rent payments to be paid to Whitemarsh Reserve Homeowners' Association, Inc. until the delinquency is paid in full per Florida Statute 720.3085(8).

I/We are aware any falsification or misrepresentation of the facts on this application will result in an automatic rejection of this application.

\_\_\_\_\_  
**Purchaser/Lessee Print**

\_\_\_\_\_  
**Purchaser/Lessee Signature**

\_\_\_\_\_  
**Purchaser/Lessee Print**

\_\_\_\_\_  
**Purchaser/Lessee Signature**

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

\_\_\_\_\_  
**Owner Print**

\_\_\_\_\_  
**Owner Signature**

\_\_\_\_\_  
**Owner Print**

\_\_\_\_\_  
**Owner Signature**

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



# Whitemarsh Reserve Homeowners Association, Inc.

c/o Avant-Garde Management

100 SW Albany Ave, 3<sup>rd</sup> Floor Suite 300-D, Stuart, FL 34994

**MAILING ADDRESS:** P.O. Box 442, Stuart, FL 34995

Office: (772) 320-9617

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

## Owner Information Update

(Owner /Buyer Form)

Name of Primary Owner: \_\_\_\_\_

Name of Second Owner: \_\_\_\_\_

Additional Occupant(s): \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Primary E-Mail: \_\_\_\_\_ Alt. E-Mail: \_\_\_\_\_

Official Mailing Address: \_\_\_\_\_

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

Residency Status: \_\_\_\_\_ Full-Time \_\_\_\_\_ Seasonal \_\_\_\_\_ Rental Property

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Do you currently have a tenant? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Tenant(s) Name(s): \_\_\_\_\_

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

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Lease Start Date: \_\_\_\_\_

Lease End Date: \_\_\_\_\_

**Vehicle Registration:** Please see Section 15.4.1 of the Declaration for rules and regulations regarding parking and section 15.4.3 regarding prohibited vehicles. **REMINDER: NO STREET PARKING ALLOWED.**

**Vehicle #1**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

VIN: \_\_\_\_\_ Tag: \_\_\_\_\_ State: \_\_\_\_\_

Registered To: (Name & Address) \_\_\_\_\_

**Vehicle #2**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

VIN: \_\_\_\_\_ Tag: \_\_\_\_\_ State: \_\_\_\_\_

Registered To: (Name & Address) \_\_\_\_\_

**Vehicle #3**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

VIN: \_\_\_\_\_ Tag: \_\_\_\_\_ State: \_\_\_\_\_

Registered To: (Name & Address) \_\_\_\_\_

**REGISTERED PETS:** Please see Section 15.2 of the Declaration for rules and regulations regarding animals.

Pet(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

Pet Type(s) & Breed(s): \_\_\_\_\_

Pet Name(s): \_\_\_\_\_

***Please consider receiving Association information and official correspondence electronically. This would assist in decreasing postage and printing costs.***

\_\_\_\_\_ Yes, I authorize my Association and Avant-Garde Management to communicate and send official Association notices to me via electronic transmission.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please notify Avant-Garde Management if any information on this form changes.*