WMR Acct: _____
Due Date: _____

1111 SE Federal Hwy., Suite 100 / Stuart, FL 34994

WHITEMARSH RESERVE HOA

(Circle one) Sale/ Lease/ Renewal Checklist

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:

- ☐ ___ Completed Application
- ☐ ___ Executed Contract
- ☐ ___ Background Screening & ID
- ☐ ___ New Leases - Proof of Credit Score
- ☐ ___ Any New Pets (circle one)- Yes or No
- ☐ ___ (Provide a picture of pet(s)) - ___ N/A
- ☐ ___ Non-refundable Application Fees
- ☐ ___ $125 to Advantage Property Mgt.
- ☐ ___ $75 to Whitemarsh Reserve
- ☐ ___ $1000 Refundable Deposit to Whitemarsh Reserve For New Leases
- ☐ ___ Orientation - Review Rules

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:

Person/Company: _____

Email: _____

Email: _____

Management Comments:

DATE: _____ INSPECTION: _____

_____

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

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 damage to Common Areas or to pay any claim for injury or damage to property caused by tenants.
13. **FEES: 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 per person over the age of 18 and a processing fee of $125 made payable to Advantage Property Management. The application fee must be paid at the time of submission of the application. Application will not be processed without required fees. Lease only: There is a $1000 refundable deposit required made payable to Whitemarsh Reserve. Sales only: There is a $500 Capital Contribution which will be taken only at closing. Current Monthly Assessment is $260.00.**
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:
(To include completed application, application fee(s) and copy of Lease/Sale Agreement)

Whitemarsh Reserve Homeowners Association, Inc.
c/o Advantage Property Management
1111 SE Federal Hwy., Suite 100
Stuart, FL 34994

Should you have any questions, please contact Management at 772-334-8900

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:
_____	_____	_____
_____	_____	_____
_____	_____	_____

LEASE PERIOD/CLOSING DATE: START DATE: _____ END DATE: _____

CURRENT OWNER'S SIGNATURE:

_____ DATE: _____

_____ DATE: _____

WHITEMARSH RESERVE HOMEOWNERS' ASSOCIATION, INC.

C/O Advantage Property Management
1111 SE Federal Hwy., Suite 100
Stuart, FL 34994
772-334-8900

TENANT/NEW OWNER APPLICATION FORM

For leases only please check one:

☐ **New Lease** ☐ **Lease Renewal** ☐ **Sale**

Note: In order for Advantage Property 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 Name: _____

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):

_____

_____

_____

WHITEMARSH RESERVE HOMEOWNERS' ASSOCIATION, INC.
Advantage Property Management
1111 SE Federal Hwy., Suite 100
Stuart, FL 34994 * Phone 772-334-8900

REFERENCES:

Name & Phone Number: _____

Complete Address: _____

Name & Phone Number: _____

Complete Address: _____

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: _____ EMAIL ADDRESS: _____

FIRST NAME:_____ MIDDLE NAME:_____ MAIDEN NAME:_____

BIRTH DATE:_____ *SOCIAL SEC# _____ *GENDER AT BIRTH: M / F

*DRIVER'S LIC #_____

ADDRESS: _____

CITY: _____ 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

You must reply to email received from Tenant Background Search in order to receive background results.

FOR OFFICE ONLY
(PLEASECHECKSEARCHESREQUESTED)

FLORIDA CRIMINAL HISTORY FDOC SOCIAL SECURITY #VERIFICATION	FLORIDA CRIMINAL HISTORY FDLE
__X__ NATION WIDE CRIMINALRECORDS	STATEWIDE CRIMINAL HISTORY
__X__ **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 Advantage Property Management
1111 SE Federal Hwy., Suite 100, Stuart, Florida 34994
Office: (772) 334-8900

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 Advantage Property 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.

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: _____

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 breech 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 Advantage Property Management
1111 SE Federal Hwy., Suite 100, Stuart, FL 34994
Office: (772) 334-8900 * AdvantagePM@advpropmgt.com

Owner Information Update

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 Advantage Property Management to communicate and send official Association notices to me via electronic transmission.

_____ _____

Signature **Date**

Please notify Advantage Property Management if any information on this form changes.