



LEASE APPLICATION

Please include a copy of the signed lease agreement.

APPLICATION PROCESSING FEE: \$100.00

MAKE CHECK OR MONEY ORDER PAYABLE TO: PALM BREEZES POA (CASH CANNOT BE ACCEPTED)

Property Address: _____ Lease Term: _____

Applicant Name: _____ Phone: _____

Co-Applicant Name: _____ Phone: _____

Current Mailing Address: _____ City/State/Zip: _____

Are there any other occupants other than immediate family? ____ If so, please list the name(s) and relationship.

Name _____ Relationship: _____

Do you intend to:

{ } Live in the home as a primary residence { } Maintain the home as a secondary residence

Applicant's employer's name: _____ No. of years there: _____

Address: _____ City/State/Zip: _____ Phone: _____

Co-Applicant's employer's name: _____ No. of Years there: _____

Address: _____ City/State/Zip: _____ Phone: _____

I/WE FULLY AUTHORIZE THE INVESTIGATION OF ALL ANSWERS AND REFERENCES GIVEN.

I/WE HEREBY AGREE TO ABIDE BY ALL DOCUMENTS AND RULES & REGULATIONS OF PALM BREEZES.

PROPERTY OWNERS' ASSOCIATION, INC., A COPY OF WHICH DOCUMENT(S) I HAVE RECEIVED FROM LESSOR.

LESSEE: _____
(Signature)

Date

LESSEE: _____
(Print Name)

Date

LESSEE: _____
(Signature)

Date

LESSEE: _____
(Print Name)

Date



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

- The breed of dog commonly known as “**pit bull**” is prohibited.
- No pets shall be kept, bred, or maintained for any commercial purpose.
- Dogs which are household pets shall at all times, whenever they are outside a unit, be confined on a leash held by a responsible person.
- An owner shall immediately pick up and remove any solid animal waste deposited by his/her pet on the properties, including the common areas and the exclusive neighborhood common area.
- Pets must be registered [Pet Licensing | St. Lucie County, FL \(stlucieco.gov\)](http://stlucieco.gov)
- No more than three (3) household pets may be kept.

Do you have any pet(s)? { } Yes { } No

Indicate Pet Type and include a picture of the Pet(s):

Pet 1: _____

Pet 2: _____

Pet 3: _____

LESSEE: _____
Signature

Date

LESSEE: _____
Print Name

Date

LESSEE: _____
Signature

Date

LESSEE: _____
Print Name

Date



Resident Information Form

Name: _____

Address: _____

Telephone Number: _____ **Alternate Number:** _____

Email Address: _____

Resident #2:

First Name: _____ Last Name: _____

Mobile: _____ Home: _____

E-mail: _____

Resident #3:

First Name: _____ Last Name: _____

Mobile: _____ Home: _____

E-mail: _____

Resident #4:

First Name: _____ Last Name: _____

Mobile: _____ Home: _____

E-mail: _____

Resident #5:

First Name: _____ Last Name: _____

Mobile: _____ Home: _____

E-mail: _____



DESCRIPTION OF VEHICLE

Transponders: \$25/each (sticker) - \$35/each (portable device)

1. Make: _____ Model: _____ Year: _____

License Plate Number: _____ State: _____

Registered to: _____ Sticker # _____ Card# _____

2. Make: _____ Model: _____ Year: _____

License Plate Number: _____ State: _____

Registered to: _____ Sticker # _____ Card# _____

3. Make: _____ Model: _____ Year: _____

License Plate Number: _____ State: _____

Registered to: _____ Sticker # _____ Card# _____

4. Make: _____ Model: _____ Year: _____

License Plate Number: _____ State: _____

Registered to: _____ Sticker # _____ Card# _____

5. Make: _____ Model: _____ Year: _____

License Plate Number: _____ State: _____

Registered to: _____ Sticker # _____ Card# _____



ACCESS CONTROL FORM

Key Fob: \$25/each

Name: _____

Address: _____

Telephone: _____

Email: _____

1. Fob Credential Number: _____

2. Fob Credential Number: _____

3. Fob Credential Number: _____

4. Fob Credential Number: _____

5. Fob Credential Number: _____

6. Fob Credential Number: _____

Children in household:

1. _____ /Age: _____ Relationship: _____

2. _____ /Age: _____ Relationship: _____

3. _____ /Age: _____ Relationship: _____

4. _____ /Age: _____ Relationship: _____

5. _____ /Age: _____ Relationship: _____

6. _____ /Age: _____ Relationship: _____



Electronic Communication Authorization Form

In order to decrease the postage and mailing costs that the Association incurs and communicate pertinent information, your Board of Directors would like you to consider consenting to receive electronic communications, including official notices required by the Association's governing documents and Florida Statutes.

EMAIL CONSENT: (Please select one of the following options)

You must provide consent even if your e-mail address is currently on file.

_____ By initialing here, I authorize Palm Breezes Property Owners Association, Inc. to communicate Association matters with me via electronic transmission and to provide notice of Association meetings and other Association matters by email instead of mail or personal deliver to the email address designated above. I understand that email communication will be used to replace written notices required by the Association's governing documents and/or Florida law. I understand this consent will remain in effect until a written notice is sent to the Association. This consent is provided pursuant to Section 720.303, Florida Statutes.

_____ By initialing here, I ***do not*** authorize Palm Breezes Property Owners Association, Inc. to communicate Association matters with me via electronic transmission.

Property address: _____

Email address: _____
(Please print legibly)

Email address: _____
(Please print legibly)

Print Name

Date

Signature

Date

Print Name

Date

Signature

Date



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 PALM BREEZES PROPERTY OWNERS' ASSOCIATION, INC., a copy of which I/We have received from the Owner or Seller.

LESSEE: _____
Signature Date

LESSEE: _____
Print Name Date

LESSEE: _____
Signature Date

LESSEE: _____
Print Name Date

Morningside/Palm Breezes POA
c/o Campbell Property Management
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Port Saint Lucie FL 34986
Office: (772) 218-5405 | Email: Smills@campbellproperty.com
www.palmbreezespoa.com