

# Magnolia Lakes Residents' Association, Inc.

101 NW Magnolia Lakes Blvd.

Port St. Lucie, FL 34986

E-mail: [Office@Magnolialakes.org](mailto:Office@Magnolialakes.org)

Phone: (772) 336-0153 Fax: (772) 336-0373

## LEASE APPLICATION PACKAGE

Applications can only be processed when they are complete.

**\*\*PLEASE NOTE INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED\*\***

**CHECKLIST:** A complete application package will include:

- A completely filled in Application with all signatures (clean and legible)  
\*\*Rules and Regs must be reviewed and initialed on every page.
- A \$300.00 Application fee is required and payable to **Magnolia Lakes Residents' Association** for all leases  
**Or \$350.00 RUSH** application fee payable to **Magnolia Lakes Residents' Association** for processing within two (2) weeks of lease date.
- Valid driver's license for all applicants
- Valid vehicle registration for all vehicles
- Pet photo(s), pet vaccine(s), and pet License(s) attached
- The Association will run a criminal background report on each adult (over 18) occupant.
- A \$2000 refundable deposit is required on all rentals**
- A copy of a completed Lease, including signatures. It must include the name, address, and telephone number of Realtor(s) if one is used with the lease signing date.**
- Applicants will need to schedule an orientation meeting prior to lease start date, call 772-336-0153 to schedule.

**NOTE:** All leases must be for a **minimum** of three (3) months with no more than two (2) leases per year.

If you have any questions please call the Magnolia Lakes Office at (772)336-0153.

You may fax your application to (772) 336-0373 or mail it to the above address.

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## LEASE APPLICATION

Please allow 15 to 30 days for processing. The application requires Board of Directors approval. If additional space is needed, please use the other side. Note: Leases must be for a minimum of three (3) months. A copy of the lease must be attached to this application. Tenants are not allowed to sub-lease the unit. Note: If a lease is to be extended or renewed at expiration, the Association must be notified in writing, and the extension or renewal must be approved by the Board.

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

Realtor or Rental Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

Lease Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Planned Move-in Date: \_\_\_\_\_

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

Owner Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

Applicant Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Current Full Address: \_\_\_\_\_

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

Applicant Social Security # \_\_\_\_\_ DOB: \_\_\_\_\_

Has applicant(s) ever been convicted of a felony? Yes or No If yes, explain with dates and in detail:

\_\_\_\_\_  
\_\_\_\_\_

Has applicant(s) ever been evicted? Yes or No If yes, where/why?: \_\_\_\_\_

Are you a current member of the military?  Yes

No If yes, please provide ID: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Current Address: \_\_\_\_\_

Co-Applicant Social Security # \_\_\_\_\_ DOB: \_\_\_\_\_

Has applicant(s) ever been convicted of a felony? Yes or No If yes, explain with dates and in detail:

\_\_\_\_\_

Has applicant(s) ever been evicted? Yes or No If yes, where/why? : \_\_\_\_\_

\_\_\_\_\_

Please list the names and relationship of all persons, other than the applicants, who will be residing in the unit:

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

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

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

# APPLICATION FOR LEASE

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## PRESENT AND PAST ADDRESSES

### **Present:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Property/Community Name: \_\_\_\_\_ How long: \_\_\_\_\_ Phone: \_\_\_\_\_  
Landlord/Mortgagee: \_\_\_\_\_ Monthly\$: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Former:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Property/Community Name: \_\_\_\_\_ How long: \_\_\_\_\_ Phone: \_\_\_\_\_  
Landlord/Mortgagee: \_\_\_\_\_ Monthly \$: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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## EMPLOYMENT HISTORY

**Present Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Dept. / Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_ Wk Mth Yr

**Former Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Dept. / Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_ Wk Mth Yr

### **Spouse/Co-Occupant**

**Present Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Dept./Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_ Wk Mth Yr

**Former Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Dept./Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_ Wk Mth Yr

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## PERSONAL REFERENCES

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
FirstName: \_\_\_\_\_ LastName: \_\_\_\_\_ HomePhone: \_\_\_\_\_ OtherPhone: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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## ABOUT YOUR VEHICLES

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Lic # \_\_\_\_\_ State: \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Lic # \_\_\_\_\_ State: \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Lic # \_\_\_\_\_ State: \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Lic # \_\_\_\_\_ State: \_\_\_\_\_

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Statement of Understanding

I / We fully authorize investigation of all answers and references given in the application.

I/We hereby agree to abide by all Governing Documents and Rules and Regulations of Magnolia Lakes Residents' Association, Inc. a copy of which was received from landlord.

Yes  No

If landlord fails to provide a set of Documents, I/We understand a copy may be obtained from the Association at a cost of \$50.00.

Landlord agrees that the terms of the attached lease are within the requirements of Magnolia Lakes Residents' Association, Inc. Rules and Regulations.

As Owner(s), I/We will not rent to any person(s) who have not been approved by the Association. I/We also understand that upon renewal of an existing lease an inquiry to the office will be made to verify that no violations exist against the tenant(s) before a renewal is signed. A copy of any renewal must be given to the Association 30 days prior to the renewal date.

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

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

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

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

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

Owner(s) current mailing address: \_\_\_\_\_

Realtor or Rental Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Lease Term: From: \_\_\_\_\_ To: \_\_\_\_\_

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Vehicle Information

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

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

(both applicant & co-applicant)

Present Address: \_\_\_\_\_

(Street, City, State, Zip)

**Vehicle # 1**

**Vehicle # 2**

Make: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Year: \_\_\_\_\_

Color: \_\_\_\_\_

Color: \_\_\_\_\_

Vin: \_\_\_\_\_

Vin: \_\_\_\_\_

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

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

State: \_\_\_\_\_

State: \_\_\_\_\_

Decal: \_\_\_\_\_

Decal: \_\_\_\_\_

Vehicles are registered to:

\_\_\_\_\_

\_\_\_\_\_

\*Please be sure to list all vehicles at the property. Additional copies of this form are available upon request.

**\*Please note: All information on this form must be completed. A picture must be provided if the vehicle is a truck.**



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## POOL COMPLEX RULES & REGULATIONS GENERAL RELEASE

The following is to acquaint each Homeowner of Magnolia Lakes with his/her obligations, while using the Magnolia Lakes Pool Complex. The intent is to be fair to all residents and provide a facility where people can go to enjoy themselves.

### GENERAL USE

The Magnolia Lakes Pool Complex is to be used only by the Homeowners of Magnolia Lakes, their guest(s) and/or their invitee(s). Residents using the Pool Complex are responsible for leaving the facilities clean after use. The Pool Complex tables, chairs, or common equipment of any kind shall not be removed from the premises. No radios, CD players, or tape decks are allowed within the Pool Complex area. No bicycles, skateboards, in-line skates, or roller skates are allowed within the Pool Complex. Guest must be accompanied by a Magnolia Lakes resident.

### HOURS

The Pool Complex hours are from 6:30am to dusk daily.

### CHILDREN

Children under 14 years of age must be accompanied by an adult while using the Pool Complex.

### ALCOHOL / FOOD

Alcoholic beverages and glass containers of any kind are NOT allowed within the Pool Complex area.

### CONDUCT

Abuse of the Pool Complex Amenity may constitute grounds for restriction of the use of the facility. At no time may any Magnolia Lakes Homeowner, family member, their guest(s) and/or their invitee(s) cause a nuisance or disturb the peace, quiet, comfort, safety, or security of other occupants or surrounding property. No illegal, noxious or offensive activity shall be conducted at any time, as may diminish or destroy the enjoyment of the Pool Complex. Homeowners and their tenant(s) are liable for the cost of repair resulting from damage caused indirectly or directly by themselves, family members, their guest(s) and/or their invitee(s) to any feature of the Pool Complex Amenity, collection of which will be the same as a specific, individual assessment. The Board of Directors of the Association has the right to suspend the use privileges of any Homeowner and/or their guest(s) and/or their invitee(s) for violations of these Rules & Regulations.

### INDEMNIFICATION

The undersigned Homeowner(s) acknowledge that the use of the Magnolia Lakes Pool Complex by themselves, their guest(s) and/or their invitee(s) shall be at their own risk and agree to abide by the posted Rules & Regulations. The undersigned Homeowner(s), shall hold harmless the Magnolia Lakes Residents' Inc. its Director Officers and Members for any claim(s) arising from the use of the Magnolia Lakes Pool Complex by any Homeowner, their guest(s) and/or invitee(s).

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Tenant Signature

Date

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Tenant Print Name

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Phone Number

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Magnolia Lakes Address



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**Application for Pet Approval**

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

**Pet #1** – Type: \_\_\_\_\_

Breed: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Age: \_\_\_\_\_

**Pet #2** – Type: \_\_\_\_\_

Breed: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Age: \_\_\_\_\_

Applicant understands and agrees that the keeping of pets on the premises is a privilege and not a right and may be revoked by the Association upon written notice. Those pets which in the sole discretion of the Association endanger the health, make objectionable noise, are aggressive in nature, or constitute a nuisance or inconvenience to the Owners of other Units or the Owner of any property located adjacent to the properties may be expelled and removed from the properties by the Board. Pets are not permitted in the Clubhouse, Gym, or Pool area. Pets shall be confined to a leash whenever they are outside a unit and accompanied by a responsible individual. **NO MORE THAN TWO (2) PETS MAY BE KEPT. IT SHALL BE THE PET OWNERS OBLIGATION TO REMOVE ALL OF THE PETS WASTE MATERIAL FROM ALL PROPERTY MAINTAINED BY THE ASSOCIATION.** A photograph of all pets described above must be provided. All domestic pets must be licensed and have a current rabies vaccination per Port Saint Lucie Code. All applicants must provide written proof to the Association that the pet has a Port Saint Lucie Pet license and all applicants must provide written proof of a current rabies vaccination before pet can occupy residence. Dog & Cat licenses can be obtained by mail from Port Saint Lucie Animal Control.

I agree to abide by the Association's Covenants regarding pets and the Port Saint Lucie Code regarding animals.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Co-Applicant

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

Picture(s) attached?  Yes  No

**ADVANTAGE PROPERTY MANAGEMENT**

**ASSOCIATION: MAGNOLIA LAKES**

**PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK**

**Please supply the following information to facilitate a background check on you.**

Last Name                      First Name                      Middle Name                      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_                      Social Security Number                      Date of Birth

Other Name(s) Maiden/Married                      Driver's License Number                      State

\_\_\_\_\_

Email Address

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_                      Telephone (\_\_\_\_) \_\_\_\_\_

**DISCLOSURE REGARDING  
BACKGROUND INVESTIGATION**

Advantage Property Management (“the Company”) may obtain a “consumer report” about you from a consumer reporting agency for employment purposes. A “consumer” report is a background screening report that may contain information regarding your criminal history, driving history, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

**AUTHORIZATION**

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish SentryLink with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

**READ, ACKNOWLEDGED AND AUTHORIZED**

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

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

# Permission for Magnolia Lakes Residents' Association, Inc. to use e-mail for all communications required by law

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## **Instructions:**

1. If you agree to use e-mail and help us save on postal expenses, please fill this out and either drop it off at the Clubhouse Property Manager's office, or mail it back to us along with your next quarterly dues payment.
2. Please send an e-mail to renee.moore@fsresidential.com so we can validate it against the one here.

Thank You

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I (print full name) \_\_\_\_\_ Declare that I am a member of the Magnolia Lakes Residents' Association, Inc. I represent myself and any other owner of the property shown below who may also be a member of the Magnolia Lakes Residents' Association living at this address.

I hereby give permission to Magnolia Lakes Residents' Association, Inc. authorizing them to use electronic mail (e-mail) to transmit all official business to me. Using this transmittal method constitutes "telecopy" or "telegraph" and complies with Chapter 720.303 Florida Statutes, the Magnolia Lakes Residents' Association, Inc. Protective Covenants, pg. 24 Article XIII, Section 2-Notices, and the Magnolia Lakes Residents' Association, Inc. By Laws, pg. 8, Article 7, Section 5-Meetings.

I understand that official business includes, but is not limited to Board Meetings, Special Board Meetings, Notices, Giving Notice, Official Record, Rosters, and Financial Reports. These communications include notice of meetings to change the Rules and Bylaws, notice of meetings to vote on special assessments, and for other purposes.

I understand that I can revoke this permission at any time with written notice to Magnolia Lakes Residents' Association, Inc.

**My Magnolia Lakes Street Address is:**

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**My official e-mail address for all communication is:**

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If your e-mail changes, let us know what your new e-mail is so we can correct our records.

## **AUTHORIZATION:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date