



MONTEGO COVE CONDOMINIUM ASSOCIATION, INC.

c/o Advantage Property Management, LLC

1111 SE Federal Hwy, Suite 100

Stuart, FL 34994

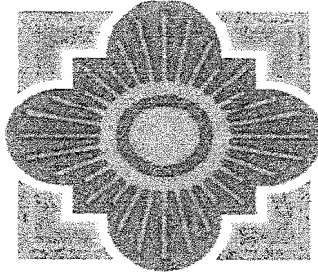
Phone: 772-334-8900 Fax: 772-288-0175 Email: montegocovestuart1@gmail.com

MONTEGO COVE APPLICATION CHECKLIST:

The following items must be submitted to the Montego Cove COA as a complete package before an interview can be scheduled. The BUYER PACKET & THE LESSEE PACKET forms can be found on the Montego Cove website: www.montegocove.com

LESSEE PACKET:

- () Application for Lease
- () Request for Board Approval (2 pages, must be signed)
- () Resident Information Sheet
- () Copy of Driver License(s)
- () Permission to Publish Your Phone Number in our Resident Directory
- () Email Consent Form
- () Federal Background Request Form (1 per resident)
- () Pet Application (if applicable) Must include Veterinarian Certificate.
- () Check for \$150 payable to Montego Cove COA plus \$50 per person fee for required background check



MONTEGO COVE CONCOMINIUM ASSOCIATION, INC.

6141 SE MARTINIQUE DRIVE, STUART, FLORIDA 34997

montegocovestuart1@gmail.com

(Check One)

APPLICATION FOR PURCHASE

I / we acknowledge receipt of the following: Combined Amended and Restated Declaration of Condominiums dated March 2018, which include the following: Articles of Incorporation By-Laws Rules and Regulations (can be obtained from the Website)

(The above Association documents may be ordered from the office for a fee of \$50.00.

I / we agree to observe and abide by the terms and conditions stated in these documents.

_____ Signature Date

_____ Signature Date

APPLICATION FOR LEASE

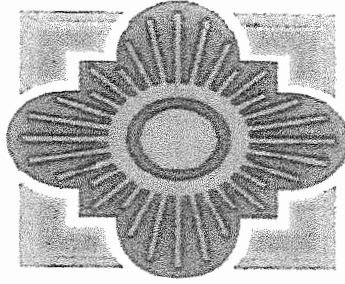
Note: All leases shall provide for a minimum lease term of three (3) months.

I / we acknowledge receipt of the Rules and Regulations.

I / we agree to observe and abide by the terms and conditions stated in these documents as well as the governing documents of the Association

Signature _____ Date _____

Signature _____ Date _____



MONTEGO COVE

CONDOMINIUM ASSOCIATION, INC.

6141 SE Martinique Drive Stuart FL 34997

772-283-5038 Email: montegocovestuart1@gmail.com

REQUEST FOR BOARD APPROVAL

Name of Applicant: _____ Age _____

Montego Cove Address: _____

Name of Spouse: _____ Age _____

Names and Ages of Children if Living Here (if any): _____

Building No. _____ Unit No. _____ Moving in Date _____

Will you be a full-time or part-time resident? _____

If part-time from: _____ to _____

Addressess: _____

Telephone: _____

Occupation: _____

Name and Address of Employer: _____

If Retired, Previous Employer and Occupation: _____

Club Affiliations: _____

Interests, Hobbies, Recreational Activities, Etc. _____

For a Sale:

I (we) have received a copy of the frequently asked questions and answers regarding Montego Cove. I (we) have received a copy of the latest calendar year ending Financial Statements prepared by a CPA, a copy of the Declaration of Condominium (with any amendments) that includes the Articles of Incorporation and the By-Laws (with any amendments). In addition, I (we) have received a copy of the Rules and Regulations of Montego Cove and agree to abide by and be bound by all of the above.

It is understood that I (we) will be responsible for these documents being forwarded to any future owners of this property.

Recent financial statements are available upon request from the office located in the Clubhouse.

For a Lease (Yearly or Seasonal)

I (we) have received a copy of the Rules and Regulations of Montego Cove and agree to abide by and be bound by them.

Signature of Applicant(s): _____

Dated: _____

INTERVIEWING COMMITTEE APPROVED (____)

DISAPPROVED (____)

Montego Cove Condominium Association

OWNER / RESIDENT INFORMATION

Please complete and return to the Clubhouse Office

(THIS FORM IS FOR OFFICE USE ONLY)

RESIDENT ONE: _____ Date of Birth _____
RESIDENT TWO: _____ Date of Birth _____
RESIDENT, OTHER: _____ Date of Birth _____
(Relationship)
Pet Type: _____ Color: _____ Vac. Rec.: _____ Tag#: _____ Name: _____

Year Round Resident: Seasonal: Owner: Renter:

Address: _____
(Building) (Unit number) (Street name)

Alternate Address: _____
(Out of State address for seasonal owners)

Home Phone: _____ Cell #: _____ email: _____

Car #1 Make: _____ Year: _____ License #: _____

Car #2 Make: _____ Year: _____ License #: _____

If seasonal do you leave your car here? Yes No Who has your key? _____

Does a neighbor have a key to your unit? Yes No Who has your key? _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

Work Phone: _____

Alternate Phone: _____

FOR RENTERS:

Name of Owner: _____ Home Phone: _____

Address: _____ Work Phone: _____

Lease Dates (from): _____ (to): _____

Prepared by: _____ Date: _____

(signature)

*In order to maintain our 55+ Age Restricted Community status, a copy of your Driver's License, State I.D. or Passport showing Proof of Age is required to be kept on file. Please make arrangements to get this information to the Montego Cove Clubhouse Office as soon as possible.

Updated November 27, 2018



**MONTEGO COVE
CONDOMINIUM ASSOCIATION, INC**

An over 55 community
6141 SE Martinique Drive
Stuart FL 34997
772-283-5038

Email: montegocovestuaril@gmail.com

PERMISSION TO PUBLISH YOUR PHONE NUMBER(S)
IN THE RESIDENT/SERVICE DIRECTORY OR NEWSLETTER

NAME _____

ADDRESS _____ UNIT _____

THIS WILL CONFIRM THE FOLLOWING PHONE NUMBER(S) AND GIVE MONTEGO COVE CONDOMINIUM ASSOCIATION, INC. PERMISSION TO THE PUBLISH PHONE NUMBER(S) IN THE RESIDENT/SERVICE DIRECTORY OR IN THE NEWSLETTER.

PHONE NUMBER _____

PHONE NUMBER _____

THIS WILL CONFIRM THAT I (WE) DO NOT WANT ANY PHONE NUMBER PUBLISHED

SIGNATURES _____

DATED _____

Note: The Resident/Service Directory and the monthly newsletter are strictly for the use of our residents. Numbers are not given to advertisers and no resident should give out a directory or newsletter to any vendor.



Montego Cove Condominium Association, Inc.

EMAIL CONSENT FORM

Please complete this email consent form if you are **CONSENTING** to accept emails from Montego Cove. Please check the items you would like to receive:

_____ Monthly Newsletters

_____ Association: Related Notices

_____ Reminders of Social Events

NAME: _____

ADDRESS: _____

PHONE NUMBER(S): Home _____ Cell _____

EMAIL ADDRESS: _____

Please print clearly

SIGNATURE: _____ DATE: _____

Return to Montego Cove Condominium Association, Inc.
6141 SE Martinique Drive, Stuart, FL 34997

ADVANTAGE PROPERTY MANAGEMENT

ASSOCIATION: Montego Cove

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 (____) _____
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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: _____



Montego Cove Condominium Association, Inc.
c/o Advantage Property Management
1111 SE Federal Hwy, Suite 100
Stuart, FL 34997

APPLICATION TO KEEP PET IN CONDOMINIUM UNIT

Date of Application: _____

Pet Owner Name: _____

Pet Owner Building & Unit Number: _____

Type & Breed of Pet: _____

Name of Pet: _____

Age of Pet: _____

I (owner) acknowledge that I have read the Montego Cove Condominium Associations Rules & Regulations regarding pets and do hereby agree to fully abide by said regulations as they currently exist along with any future modifications thereto.

Further I hereby agree to indemnify the Association and hold it harmless against any loss or liability arising from my right to have an animal on the Association's property.

Owner's Signature: _____

The following are attached hereto:

Florida Veterinarian's Certificate as to Per-Breed's weight at maturity and it current medical records.

Owner's Signature: _____

Approved by: Montego Cove Board of Directors upon owner's interview.

Approved by: _____

Date: _____