

Saturnia By The Sea Property Owners Association, Inc.

APPLICATION FOR SALE/LEASE, GIFT, DEVISE OR INHERITANCE APPROVAL

App Rev. Date 12/6/2022

Please return this form to:
Hawk-Eye Management, LLC
561.392.1600

By Hand or Mail:
1800 NW Corporate Boulevard, Suite 200
Boca Raton, Florida 33431

By Email: info@hawkeyefla.com

Notes: You must allow up to 30 days for processing, longer if international processing is required. Additional fees apply to all international background checks; call for pricing. Processing time is calculated from the date we receive a complete application. You will be notified if additional information is required. **Personal checks are not accepted.** Cash is. So are cashier's checks and money orders. All fees are non-refundable. Association documents are not provided to applicants. All association documents must be obtained from the unit's current owner. All residents over the age of 18 are considered applicants even if they are not a party to the contract or lease. All fees are payable to "Hawk-Eye Management, LLC" unless otherwise indicated. All applicants must be interviewed. For assistance with this application, call 561.392.1600, ext. 205.

DO NOT STAPLE, RE-SORT, FOLD, SPINDLE, OR MUTILATE. PLEASE PRINT LEGIBLY.
WE CAN'T PROCESS WHAT WE CAN'T READ.

Property Address (number and street) _____ Please check one:
Purchase ☐ Lease ☐ Renewal ☐

Applicant 1 Name _____

Cell Phone _____ Email Address _____

Applicant 2 Name _____ Please check one:
*I am Applicant 1's spouse Yes ☐ No ☐

Cell Phone _____ Email Address _____

Current Owner's Name(s) _____

Use additional sheet to include additional applicants.

APPLICATION CHECKLIST

- ☐ Application Fee of \$250 per applicant and/or married couple
NOTES: *Proof of marriage may be required; **NO PERSONAL CHECKS ACCEPTED; ONLY CASHIER'S CHECKS, MONEY ORDERS, OR CASH**
- ☐ Copy of executed contract of sale or lease
NOTES: **Lease terms must be a minimum of (6) six month; no more than (1) one lease per calendar year**
- ☐ **Lease Security Deposit of \$1,000**, if not already on deposit
NOTES: Required for leases only; refundable; make check payable to "Saturnia by the Sea Property Owners Association"
- ☐ Copies of valid driver's licenses or government-issued photo ID for all applicants
- ☐ Copies of all vehicle registrations
- ☐ NO MORE THAN (2) PETS: Copies of veterinarian certificate and picture for each of each pet(s)
- ☐ Please initial to indicate that you acknowledge that you have received, or will receive all association documents from the unit owner, including all rules and regulations. _____

Please feel free to include your broker's business card, or a copy of it, if you wish.
Use additional sheets if necessary.

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Applicant 1

Present Address

Rent ☐ Own ☐ Years there _____

Present Employer

Work Phone

Applicant 2

Present Address

Same as above ☐

Rent ☐ Own ☐ Years there _____

Present Employer

Work Phone

List all additional occupants, their ages, and relationships to the applicants.

All occupants over the age of 18 are considered applicants and must submit their information and pay all applicable fees.

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

In case of emergency, please notify:

Name _____ Phone _____ Relationship _____

Address _____

Email _____

Your Pet (if any)

Breed _____ Weight _____

Breed _____ Weight _____

Use additional sheets if necessary.

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This application for Occupancy must be completed in detail by the proposed purchaser/lessee. If any questions are not answered or left blank, the application will be returned, not processed and not approved.

Please attach a copy of the executed Sale/Lease Agreement to this application.

Please provide copies of a valid government issued photo ID's and of all vehicle registrations.

Please provide an application fee of \$250.00 per individual AND/OR per married couple, payable to Hawk-Eye Management, LLC. Cashier's check, money order or cash ONLY. Personal checks will not be accepted. This fee is non-refundable.

A domestic screening interview is required for approval. It is the owner's responsibility to make sure that the buyers or tenants are aware of this application process. If the Applicants are non-US Citizens/Permanent Residents further documentation and fees may apply. Please contact Hawk-Eye Management for further instruction. Owners must provide buyers and/or tenants with a copy of the Association documents. Proof of this must be attached to this application.

Leases cannot be for a period of less than six (6) months and only one lease per calendar year.

Except for vehicles parked in garages or in designated parking spaces, there shall be no parking on any Lot or Common Area. The foregoing restrictions shall not, however, be deemed to prohibit the temporary parking of commercial vehicles while making deliveries to, from, or while used in connection with providing services to the Property.

There are no designated guest parking spaces in the community

Pets: No more than two (2) dogs or two (2) cats or a combination of one of each, shall be kept by an Owner within a Home. Any pet causing or creating a nuisance or unreasonable disturbance or which prevents, interferes with or impedes the Association's access to the rear yard for the purpose of discharging its rights and obligations under this Declaration shall, upon three (3) days written notice from the Board, be permanently removed from the Property. All pets must be carried or kept on a leash when outside of a Home and no pet shall be allowed outside of a Home unless accompanied by a person. Owners shall pick up and remove any solid animal waste deposited by his pet or any pet that is kept within the Home in which such Owner resides.

This application must be submitted to the Association completed within thirty (30) days prior to the date of occupancy or longer if any applicant is a non-US Citizen/Resident. Additional Fees will be required if international background checks are necessary. Please contact Hawk-Eye Management for a quote.

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1. In making the foregoing application, I represent to the Board of Directors that the purpose for the purchase/leasing of a home in Saturnia By The Sea Property Owners Association is as follows:
Annual Residence _____ Seasonal Residence _____ Other (Explain) _____
2. I hereby agree for myself and on behalf of all persons who may use the unit which I seek to Purchase/ Lease:
 - a. I will abide by all of the restrictions contained in the By-Laws and Rules and Regulations, and restrictions which are or may in the future be imposed by SATURNIA BY THE SEA PROPERTY OWNERS ASSOCIATION. Initial _____
 - b. I understand that any violation of the terms, provisions, conditions, and covenants of SATURNIA BY THE SEA PROPERTY OWNERS ASSOCIATION documents provides cause for immediate action as therein provided or termination of the leasehold under appropriate circumstances. Initial _____
 - c. I have received a copy of the Rules & Regulations of SATURNIA BY THE SEA PROPERTY OWNERS ASSOCIATION. Initial _____
3. I understand that acceptance for occupancy of a home in SATURNIA BY THE SEA PROPERTY OWNERS ASSOCIATION is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Occupancy prior to approval is prohibited. Any misrepresentation or falsification of information of this application will result in automatic rejection of this application. Initial _____
4. IN THE EVENT THIS IS A PURCHASE TRANSACTION, I understand that I will not be eligible to lease the unit to any potential tenant, for a period of 18 months from the date of the purchase. Initial _____
5. I understand that I will be advised by SATURNIA BY THE SEA PROPERTY OWNERS ASSOCIATION within 30 days (longer if any applicant is a non-US Citizen/Resident) from the date of receipt of completed application and copy of sale/ lease for acceptance or denial of this application. Initial _____
6. I understand that the Board of Directors of SATURNIA BY THE SEA PROPERTY OWNERS ASSOCIATION cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors or their agents to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors of SATURNIA BY THE SEA PROPERTY OWNERS ASSOCIATION and their agents shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

In making the foregoing application, I am aware that the decision of SATURNIA BY THE SEA PROPERTY OWNERS ASSOCIATION will be final. I agree to be governed by the determination of the Board of Directors.

APPLICANT _____

DATE: _____

CO-APPLICANT _____

DATE: _____



Background Check - Release Authorization

I hereby authorize your company or any agent of your company, to contact any of my references, previous employers, companies, credit bureaus, corporations, law enforcement agencies, persons and educational institutions to supply any information concerning my background and criminal History. I also hereby release any of the above from liability, including the managing agent for the above, from responsibility arising from their doing so. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of right of occupancy and/or forfeiture of deposit and may constitute a criminal offense under the laws of this state. I believe to the best of my knowledge that all information I have provided is accurate and that I fully understand the terms of this release.

Photocopies of this authorization form may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

Applicant Name: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____ / ____ / ____

Street Address: _____

City/State/Zip: _____

Applicant Signature: _____ Date: ____ / ____ / ____

Co-Applicant Name: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____ / ____ / ____

Street Address: _____

City/State/Zip: _____

Co-Applicant Signature: _____ Date: ____ / ____ / ____