

**CAMELOT GARDENS HOA CONDOMINIUM ASSOCIATION  
C/O ADVANTAGE PROPERTY MANAGEMENT  
1111 SE FEDERAL HWY, SUITE 100  
STUART FLORIDA 34994  
T: 772.334.8900 F:772.288.0175**

**Instructions for Tenant Application**

**The following items, as applicable, must be completed by the realtor, lessee and homeowner (lessor) and submitted by mail or in person to:**

Camelot Gardens HOA Condominium Assoc.  
c/o Advantage Property Management LLC.  
1111 SE Federal Highway, Suite 100, Stuart, Florida 34994

- The Lease Application, completed in full
- A copy of the fully executed lease agreement
- A Copy of Lessee's Driver License(s)
- A non-refundable **processing fee of \$ 100.00** made payable to Advantage Property Management
- A Background Check is required. A **non-refundable fee of \$50.00 per occupant over the age of 18** payable to Advantage Property Management applies. If applicant other than US Citizen, please contact APM for the processing fee.

**Please note the following:**

No lease may be less than one (1) month or more than (6) months in duration.

Tenants are not permitted to sub-lease.

Applications take a minimum of thirty (30) days for processing. Please submit your application to us in a timely manner to avoid a delay.

A representative from Camelot Gardens will contact the applicant directly to make an appointment for the interview.

A lease and taking occupancy of the unit, is not approved until the interview process is completed and a Certificate of Approval has been issued.

**\*All applications from a military service member will be processed within seven (7) days of submission. A service member is defined as any person serving as a member of the United States Armed Forces on Active Duty, all members of the Florida National Guard and United States Reserve Forces. Proof of military service is required and must be attached to this application.**

If an application is submitted incomplete, it will not be accepted or processed until all the required information and fees are received.

Updated 10.01.2022

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**Tenant Application**

**REALTOR INFORMATION**

**(please print)**

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

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

Business Address: \_\_\_\_\_

\_\_\_\_\_

Business Contact Phone: \_\_\_\_\_ Agents Phone: \_\_\_\_\_

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

**CURRENT OWNER INFORMATION**

Name(s) \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone H: \_\_\_\_\_ C: \_\_\_\_\_

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

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**Tenant Application (pg.2)**

**PROPERTY INFORMATION**

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

Term of Lease - Start date \_\_\_\_\_ TO End date \_\_\_\_\_

**TENANT (LESSEE) INFORMATION**

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

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

Phone(s): \_\_\_\_\_

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

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

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

Phone(s): \_\_\_\_\_

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

**Additional Occupants not on lease (Maximum of four (4) total occupants permitted to reside in Unit)**

Name, Relationship, Age \_\_\_\_\_

Name, Relationship, Age \_\_\_\_\_

**\*\*Member of the Unites States Armed Forces on Active Duty or State Active Duty or member of the Florida National Guard and United States Reserve Forces YES NO (COPY OF ID REQUIRED)**

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**Tenant Application (pg.3)**

**TENANT VEHICLE INFORMATION**

Vehicle #1

Vehicle #2

Registered to: \_\_\_\_\_

Registered to: \_\_\_\_\_

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

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

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

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

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

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

Plate: # \_\_\_\_\_ State: \_\_\_\_\_

Plate: # \_\_\_\_\_ State \_\_\_\_\_

Vehicles must be parked in their unit spaces.

No parking on the street or in guest spots.

**Only two (2) vehicles permitted per unit.**

No trucks (of any type), motorcycles, trailers, campers or recreational vehicles, boats, commercial vehicles, unregistered, inoperable vehicles or modified vehicles may be parked or placed upon any portion of the condominium property.

Refer to Section 10.7 of the Declaration of Condominium and General Rule 13 in the Rules & Regulations to see the detailed rules pertaining to Parking & Prohibited Vehicles.

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**Tenant Application (pg.4)**

**PET REGISTRATION FORM**

Limited to a total of two (2) per unit. This includes residents and their visiting guests.

No pets shall be kept, bred or maintained for any commercial purpose.

Pets must be confined to the pet owner's unit and must not be allowed to roam free or be tethered on the common element.

No Pet shall be allowed to become a nuisance or create any unreasonable disturbance.

Pets must be leashed; feces must be picked up by residents and their guests and disposed of in the dumpsters.

PET(S): YES                      NO

Name: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_

Name: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_

**NOTE: Attach copies of rabies vaccination certificates and license for each animal listed above.**

City of Port St. Lucie Animal Control 772-871-5042 <http://www.cityofpsl.com/animal-control/animal-citations.html>

Licensing — 92.40

All domestic pets over the age of six (6) months old must have a City of Port St. Lucie animal license displayed on their collar. The cost for a license is \$5 for an altered animal (sprayed or neutered), or \$15 for an unaltered animal. Proof of Current rabies vaccination from a licensed veterinarian is required, and licenses may be obtained from most Port St. Lucie veterinarian, and at the Animal Control Department 1133 S.W. Macedo Blvd., or by mail.

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**Tenant Application (pg.5)**

**Acknowledgement of the terms for residency in Camelot Gardens**

I / we fully authorize investigation of all answers and references given.

I / we hereby agree to abide by all Governing Documents, Rules, and Regulations of Camelot Gardens Condominium. A copy of which documents I have received from the lessor or found on Camelot's website at: [www.camelotpsl.org](http://www.camelotpsl.org)

If the lessor fails to provide a set of documents to tenants, a copy will be made available by the Association Management Company at a cost of \$100.00 per document set copy.

I / we understand that no lease may be for less than one (1) month or more than six (6) months in duration. Tenants are not permitted to sub-lease at any time.

I / we understand that any person(s) residing in the home for more than thirty (30) days will be subject to same requirements as a lessee and a background check will be required.

**By signing below, you understand and agree to abide by all terms and conditions outlined in this application:**

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

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

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**Tenant Application (pg.6)**

**SCREENING COMMITTEE FORM**

**MUST BE FILLED OUT BY LESSEE**

A representative from Camelot Gardens **will contact you directly** to make an appointment for your interview with a screening committee member.

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

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

Applicant(s): \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please circle YES or NO to the following questions:**

1. YES / NO Have you received a copy of the Documents and Rules & Regulations for Camelot Gardens?

2, YES / NO Do you agree to abide by the documents and rules and regulations that govern Camelot Gardens?

3. YES / NO Have you received a pool key and your unit's mailbox location and key from the owner / lessor? (Lost or replacement key fee \$5.00)

4. YES / NO Are there any additional occupants that have not been disclosed in the application?

5. YES / NO Have you ever lived in a condominium / homeowner's association?

If yes, which one? \_\_\_\_\_

6. YES / NO I / we understand renewals for leases must be submitted 30 days prior to expiration for Board review and approval

If YES was answered to question four (4) please provide explanation: \_\_\_\_\_

\_\_\_\_\_

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**Tenant Application (pg7)**

**SCREENING COMMITTEE FORM (pg.2)**

**REFERENCES:** Please list two (2)

1. Name: \_\_\_\_\_ Ph. \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Ph. \_\_\_\_\_

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

**RECENT LANDLORD INFORMATION**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Ph: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Ph: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**I /we understand that the information provided on the Screening Committee Form is true and complete to the best of my/ our knowledge:**

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

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



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**Tenant Application (pg8)**

**EMERGENCY CONTACT FORM**

Camelot Address of Lessee: \_\_\_\_\_

**RESIDENT INFORMATION**

List names and phone number of all those living in your unit (include self).

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

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

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

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

Email Address(s): \_\_\_\_\_

**By providing your email address you consent to receiving official association information, and notices from Camelot Gardens or their representatives**

**Emergency Contact Information:**

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

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

**Contact person with a key to your Unit and/or Vehicles: (if different than above)**

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

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

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

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**TENANT APPLICATION (PG.10)**

**PERSONAL INFORMATION FOR BACKGROUND CHECK (pg. 1)**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver License: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_ Ph: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver License: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_ Ph: \_\_\_\_\_

**(A copy of this form may be made and attached for additional information for every occupant over 18 years of age)**

**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.

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**TENANT APPLICATION (pg.11)**

**PERSONAL INFORMATION FOR BACKGROUND CHECK (pg.2)**

**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 Sentry Link with 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: \_\_\_\_\_

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

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

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

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

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

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

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

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