

Indian Creek Phase VIII Eagle Ridge Homeowners Association, Inc.

APPLICATION AND INSTRUCTIONS

1. Fill out purchase/rental application and submit to:
Advantage Property Management, LLC
1111 SE Federal Hwy., Suite 100
Stuart, Florida 34994
(772) 334-8900 ... fax (772) 288-0175
advantagepm@advpropmgt.com
2. Signed acknowledgement of Rules & Regulations must be submitted with the Application (See below).
3. \$250.00 non-refundable fee must accompany application. Per each applicant 18+ years or married couple. **Payable to: Eagle Ridge HOA, cashier's check or money order.**
4. \$100.00 non-refundable transfer fee must accompany application. **Payable to Advantage Property Management.**
5. Signed "Consent to Obtain Consumer Report On Subscriber"
6. Attach a copy of each applicant's Drivers' License for all who will live in the home.
7. Attach a copy of the fully executed Sales Contract (or Lease Agreement if rental).

Applicant will be contacted directly by welcoming committee for interview. If you have not heard anything after 14 days, you may follow up via email to:
advantagepm@advpropmgt.com.

Lease / Purchase Acknowledgement

I hereby acknowledge and agree to abide by the rules and regulations of Eagle Ridge HOA, Indian Creek Phase VIII. I further acknowledge that I am subject to the Declaration of the Eagle Ridge Homeowners' Association.

In the event that any owner is delinquent in paying any assessment, or the owner of Indian Creek Phase VIII, his buyer, family, guests, agents, licensees or invitees are not in compliance with any provisions of the Documents, the Association has the right to disapprove of any sale; and in the case of a lease, the right to disapprove of and to void any lease at any time prior to or during the leasehold tenancy until any violation of the document is corrected.

Indian Creek Owner

Board Member / Agent

Lessee / Purchaser

Date

Lessee / Purchaser (2)

Date

**Indian Creek Phase VIII
Eagle Ridge Homeowners Association, Inc.**

PURCHASE / LEASE APPLICATION (circle one)

Property Address: _____

Purchase Amount / Monthly Lease: _____

Occupancy Date: _____

Closing Date: _____

Applicant Name: _____

Telephone Number (home): _____

Cell Phone: _____ Email: _____

Present Address: _____

How long: _____ Rent/Own: _____

Name of Present Owner of Residence: _____

Telephone Number: _____

Name of Agent Handling Sale or Lease: _____

Telephone Number: _____

In case of emergency notify: _____ Relationship: _____

Telephone Number: _____

In case of emergency key holder: _____ Relationship: _____

Present employer: _____

Work telephone number: _____

How long? _____

Name of Spouse: _____

Number / Ages of children: _____

Spouses employer: _____

Telephone number: _____

Will anyone other than the spouse and children listed above reside with you? _____

If yes, list names and relationship: _____

Personal Reference 1: _____

Phone Number: _____

Personal Reference 2: _____

Phone Number: _____

Do you have pets? _____ If yes, please note what kind along with breed and weights: _____

Drivers' license number (1st driver): _____ State: _____

Vehicle Year / Make / Model: _____

Plate #: _____

Drivers' license number (2nd driver): _____ State: _____

Vehicle Year / Make / Model: _____

Plate #: _____

Do you have any recreational or commercial vehicles, boats, motorcycles, van, bus or truck? Yes _____ No _____

If yes, these vehicles may not be parked on common property, or parked overnight in private driveways.

Approval by Indian Creek Phase VIII Board of Directors:

Print Name

Board Member / Agent Title

I/We hereby acknowledge I/We have read and reviewed and agree to abide by the Summary Rules for Eagle Ridge and I/We have received a copy of Indian Creek HOA Phase VIII Governing Documents on this _____ day of _____, 20____ and it is my/our responsibility to review the governing documents.

Homeowner #1: _____

Print Name: _____

Homeowner #2: _____

Print Name: _____

Property Address: _____

Contact #: _____

Contact #: _____

Email Address: _____

Email Address: _____

Welcome Committee Member: _____

Print Name: _____

Property Management Contact: Advantage Property Management

Dawn Moore, Property Mgr.

Office: 772-334-8900

Fax: 772-288-0175

Original to Property Manager

Copy to Homeowner(s)

--FEDERAL BACKGROUND SERVICES REQUEST FORM

PHONE NO: 772-334-8900

CO: ADVANTAGE PROPERTY MANAGEMENT

FEDERAL BACKGROUND SERVICES

ASSOCIATION: EAGLE RIDGE(INDIAN CREEK PH8)/480

PHONE 561-969-9966

CONTACT: REBECCA

FAX 561-969-9988

E-MAIL/ FAX REBECCAD@ADVPROPMGT.COM

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

MAIDEN _____ D.O.B _____ SOCIAL SEC # _____ SEX _____

INDIVIDUAL OPTIONS (FOR OFFICE USE ONLY)

- | | |
|---|--|
| <input type="checkbox"/> FLORIDA CRIMINAL HISTORY FDOC \$10.00 | <input type="checkbox"/> SOCIAL SECURITY VERIFICATION \$5.00 |
| <input type="checkbox"/> FLORIDA CRIMINAL HISTORY FDLE \$30.00 | ALIEN # _____ DOC TYPE _____ |
| <input type="checkbox"/> NON-FL CRIMINAL HISTORY (STATE) _____ \$30 + | <input type="checkbox"/> FLORIDA WORKERS' COMP HISTORY \$5.00 |
| COUNTY, CITY OR ZIPCODE _____ | <input type="checkbox"/> FLORIDA SEXUAL OFFENDER / PREDATOR \$5.00 |
| <input type="checkbox"/> FL DRIVERS LIC HIST 3 YEAR \$5.00 | <input type="checkbox"/> NATIONWIDE & INTERNATIONAL CRIMINAL CHECK Includes sexual predator/offender \$15.00 |
| FL DL # _____ | <input type="checkbox"/> NATIONWIDE SEXUAL OFFENDER \$5.00 |
| <input type="checkbox"/> FL DRIVERS LIC HIST 7 YEAR \$7.00 | <input type="checkbox"/> OUT OF STATE DRIVER LIC. HIST _____ \$15.00 |
| FL DL # _____ | NON FL DL # _____ |

EDUCATION VERIFICATION \$20 PER EACH

**CALL FOR VERIFICATION FORM

- EMPLOYMENT VERIFICATION \$40 EACH
- CONTACT NAME: _____
- PHONE NUMBER: _____
- INTERPOL WORLDWIDE CRIMINAL \$10.00
- VEHICLE TAG SEARCH _____ \$10.00

CREDIT HISTORY INDIV. \$15.00

PRESENT ADDRESS _____

CITY, STATE, ZIP _____

JOINT CREDIT HISTORY \$25.00

SPOUSE NAME _____

SPOUSE SOCIAL _____

PACKAGE OPTIONS (PLEASE FILL IN INFORMATION ABOVE)

<input type="checkbox"/> PACKAGE #1 \$40.00 FDLE CRIMINAL HISTORY NATIONWIDE CRIMINAL RECORDS SOCIAL SECURITY VERIFICATION FL WORKERS COMP	<input type="checkbox"/> PACAKGE #2 \$30.00 FDOC CRIMINAL HISTORY NATIONWIDE CRIMINAL RECORDS SOCIAL SECURITY VERIFICATION FL WORKERS COMP
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CHECK OFF SEARCHES REQUESTED

SIGNATURE REQUIRED TO PROCESS REQUEST

Please Fax Release form to 561-969-9988

I hereby authorize FEDERAL BACKGROUND SERVICES, INC. To perform any all necessary searches for the above named company

SIGNATURE _____ DATE _____