



8520 S.E. Eaglewood Way • Hobe Sound, Florida 33455 • (772) 546-8100 • Fax (772) 546-7666

FORMS REQUIRED FOR LEASE OF YOUR HOME

Attached you will find the forms required for Eaglewood Homeowners Association concerning the lease of your home. Your cooperation in completing these forms and returning them in a timely manner will avoid any possible delay on the part of Eaglewood Homeowners Association with your lease approval. ***A minimum of three months is required for the lease term. No lease shall be approved until residence has been owned by purchaser for a period of twelve (12) months. A residence may be leased only one (1) time in a twelve (12) month period. Contact Association Manager for further information as certain exceptions may apply.***

LESSOR: "Request for Permission to Lease" to be completed, signed and submitted for approval with a check in the amount of \$100.00 made payable to Eaglewood Homeowners Association.

Copy of Lease agreement with lease term specified.

Lessor(s) must provide Lessee(s) with "Document" and "Rules & Regulations" booklets.

LESSEE: "Membership Application/Approval" to be completed, signed and returned for approval.

"Disclosure Summary/Document Receipt" to be completed, signed and returned. (Documents to be turned over to the lessees by the lessor).

"Recommendation Forms" – Two references required.

Copy of Drivers License or photo ID with date of birth.

The above forms will be reviewed by Eaglewood Homeowners Association, processed, approved/declined and maintained by the office. If you have any questions, please contact the Association Manager.

Thank you.



8520 S.E. Eaglewood Way • Hobe Sound, Florida 33455 • (772) 546-8100 • Fax (772) 546-7666

REQUEST FOR PERMISSION TO LEASE

Under the provisions of Article X and XI of the Declaration of Covenants and Restrictions of Eaglewood Homeowners Association, A Planned Unit Development, as shown in Plat Book 9, Page 26 of the public records of Martin County, Florida, the undersigned

owner(s) _____ of Eaglewood Lot # _____, also known as (address) _____.

Request the approval of the Eaglewood Homeowners Association, Inc. as defined in the Article 1, Section 2 of the above Declaration to lease the above described property to lessees _____.

The undersigned warrants that if said property is being leased, the form of said lease shall be in compliance with the provisions of Article X.

The undersigned has received information from Martin County Property Appraisers (attached to this form) regarding: **Rental of Homesteaded property** and **Tourist Development Tax on Rentals with application for reporting this tax.** Please read this information carefully, as failure to comply may result in severe penalty.

Dated this _____ day of _____, 20_____.

Lessor _____

Lessor _____

(\$100.00 Transfer fee due and payable to Eaglewood Homeowners Association upon presentation of this form for approval)

The above request is approved by Eaglewood Homeowners Association, Inc.

By _____ Attest _____
(President or Vice President) (Secretary)

Witness _____ Witness _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____
By Eaglewood Homeowners Association, Inc. a State of Florida Corporation, on behalf of the Corporation. They are personally know to me and did take an oath.

Notary

MEMBERSHIP APPLICATION

The following confidential data is provided for Eaglewood Homeowners Association and permission is granted to verify any and all of the information at our discretion.

Date _____ Eaglewood Address _____

Name of Applicant _____ Age _____

Name of Applicant _____ Age _____

Current Address _____

Home Phone _____ Business Phone _____

Emergency Contact _____ Relation _____

Phone _____ Address _____

Applicant (s) Business/Profession (If retired list past business/profession)

Names & Ages of Children: _____

Club/Professional Affiliations _____

Financial Reference(s) (name, address, & phone) _____

Vehicle(s) (make, model, year & color) _____

Pet (s) (breed, weight & color) _____

I/We, attest that the above information is true, exact and complete.

Date _____ Lessee _____

Date _____ Lessee _____



8520 S.E. Eaglewood Way • Hobe Sound, Florida 33455 • (772) 546-8100 • Fax (772) 546-7666

MEMBERSHIP APPROVAL

I/We, do hereby make a request to be considered for membership in the Eaglewood Homeowners Association, Inc., and agree to accept membership in accordance with the terms and conditions in the Declaration of Covenants and Restrictions; By-Laws, and Articles, as recorded in the public records of Martin County, Florida.

It is also understood that simultaneously with making application for membership in the Association, I/We have likewise made application to lease property in Eaglewood, and that acceptance by the Association is required for the application to be valid. I/We agree to abide by the Rules and Regulations of the Association.

Applicant

Applicant

**Eaglewood Homeowners Association, Inc.
Accepted By:**

Board of Directors

Witness

Date _____

**State of Florida
County of Martin**

SEAL

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ of Eaglewood Homeowners Association, Inc. a State of Florida Corporation, on behalf of the Corporation. He/She is personally known to me and did take an oath.

**Notary
appr.**



8520 S.E. Eaglewood Way • Hobe Sound, Florida 33455 • (772) 546-8100 • Fax (772) 546-7666

**DISCLOSURE SUMMARY FOR
EAGLEWOOD HOMEOWNERS ASSOCIATION**

- 1) As a lessee of property in this community, you will be obligated to be a member of the Homeowner's Association.
- 2) There have been recorded restrictive covenants governing the use and occupancy of properties in this community.
- 3) The Restrictive Covenants cannot be amended without the approval of the Association Membership.
- 4) The statements contained in this disclosure form are only summary in nature, and, as a prospective lessee you should refer to the Covenants and the Association governing documents.

Date _____ Lessee _____

Lessee _____

DOCUMENT RECEIPT

I, (We), _____

do hereby acknowledge receipt of the Declaration of Covenants, Conditions, and Restrictions, P. U. D. Articles, By-Laws, and Rules and Regulations of Eaglewood Homeowners Association, Inc., prior to our lease of:

Lot # _____ Address _____

Further, I (We) agree to abide by and adhere to the Declaration of Covenants, Conditions and Restrictions, Articles, By-Laws, and Rules and Regulations of Eaglewood Homeowners Association, Inc., as established by the Board of Directors of Eaglewood Homeowners Association, Inc.

Date _____

Lessee _____

Lessee _____



Eaglewood

8520 S.E. Eaglewood Way • Hobe Sound, Florida 33455 • (772) 546-8100 • Fax (772) 546-7666

RECOMMENDATION FORM

Date _____

You have been selected to provide a reference on _____
Regarding their application for approval in leasing a home at Eaglewood.

Name, Address & phone number of person providing reference:

NAME _____

ADDRESS _____

PHONE _____

Kindly answer the following queries:

How long have you known this person/s? _____

What is your Personal or Business affiliation _____

Do you think the applicant/s would fit into a single family adult community
with strict rules and regulations? _____

Comments or further pertinent information _____

Signature of persons/s providing reference _____

Please return promptly to Eaglewood at the address above. Thank you for
your assistance.

Sincerely,

Eaglewood Homeowner's Association, Inc.



Eaglewood

8520 S.E. Eaglewood Way • Hobe Sound, Florida 33455 • (772) 546-8100 • Fax (772) 546-7666

RECOMMENDATION FORM

Date _____

You have been selected to provide a reference on _____
Regarding their application for approval in leasing a home at Eaglewood.

Name, Address & phone number of person providing reference:

NAME _____

ADDRESS _____

_____ **PHONE** _____

Kindly answer the following queries:

How long have you known this person/s? _____

What is your Personal or Business affiliation _____

Do you think the applicant/s would fit into a single family adult community
with strict rules and regulations? _____

Comments or further pertinent information _____

Signature of persons/s providing reference _____

Please return promptly to Eaglewood at the address above. Thank you for
your assistance.

Sincerely,

Eaglewood Homeowner's Association, Inc.