

**KINGMAN ACRES CONDOMINIUM, INC.**  
NOTICE TO PROSPECTIVE PURCHASERS/TENANTS  
APPLICATION PACKAGE

In order to process your paperwork for interview, please be sure the packet you submit to Management contains the following items. If the package is incomplete, it will not be forwarded to the screening committee.

- 1) Complete Application for Approval of Transfer of Apartment Ownership or Apartment Lease (if Tenant)
- 2) Signed page confirming agreement of the rules & regulations
- 3) A copy of the sales agreement or lease
- 4) \$100.00 non-refundable application fee (CHECK for \$100.00 To **Kingman Acres Condominium, Inc.**)
- 5) Pet application (if applicable, tenants may not have pets)
- 6) A copy of a current photo ID
- 7) Fee for background check (**\$45 to Kingman Acres Condo.** NON-Refundable)
- 8) Tenant Contact Information Form (if applicable)
- 9) I understand the Association will conduct a full background check regarding any and all applicants on each application submitted. I understand I will also submit a separate check for \$45 made to Kingman Acres Condo, Inc. in order to complete the background check. This \$45 fee is non-refundable.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*For additional information please call Zim Ouillette at 772-607-0015*

Thank You,

Kingman Acres Condominium Association, Inc.  
KA APP FEES

**KINGMAN ACRES CONDOMINIUM, INC.**  
**P.O. Box 2710**  
**Stuart, FL 34995**  
**APPLICATION FOR OCCUPANCY APPROVAL**

\*If applicants are not legally married, an application on each person must be completed. Type or print legibly all information. Answer all questions-an incomplete application will not be forwarded for review. Only applicants are authorized to sign forms.

Purchase \_\_\_\_\_ Lease \_\_\_\_\_ Title Agent \_\_\_\_\_ Title Phone \_\_\_\_\_  
Unit Number \_\_\_\_\_ Address of unit \_\_\_\_\_ SE Edler Drive, Stuart, Florida 34994 Title Fax \_\_\_\_\_

Date \_\_\_\_\_ Desired Date of Occupancy \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

( ) Sngl. ( ) Married ( ) Widow(er) ( ) Sep. \_\_\_\_\_ (How Long) ( ) Div. \_\_\_\_\_ (How Long) Maiden Name \_\_\_\_\_

Number of occupants: Adults (over age 18) \_\_\_\_\_ Children (over 18) \_\_\_\_\_ Children (under 18) \_\_\_\_\_

Names/Ages of children to occupy unit: \_\_\_\_\_

**\*TENANTS MAY NOT HOUSE PETS \*OWNERS 2 PET MAXIMUM \*PET WEIGHT LIMIT 25 POUNDS**

Pet Information (Breed, Size, Weight, Color) \_\_\_\_\_

In case of emergency notify: Name \_\_\_\_\_ Telephone \_\_\_\_\_

**RESIDENCE HISTORY**

Present Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Landlord or Mortgage Company \_\_\_\_\_ Phone \_\_\_\_\_

Previous Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Landlord or Mortgage Company \_\_\_\_\_ Phone \_\_\_\_\_

**EMPLOYMENT**

Employer \_\_\_\_\_ How Long \_\_\_\_\_ Phone \_\_\_\_\_

Employer address \_\_\_\_\_ Position \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ How Long \_\_\_\_\_ Phone \_\_\_\_\_

Employer Address \_\_\_\_\_ Position \_\_\_\_\_

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**CHARACTER REFERENCES**

1) \_\_\_\_\_ Res. Phone \_\_\_\_\_ Ofc. Phone \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

2) \_\_\_\_\_ Res. Phone \_\_\_\_\_ Ofc. Phone \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

3) \_\_\_\_\_ Res. Phone \_\_\_\_\_ Ofc. Phone \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

**\*ONLY VEHICLES UNDER 204 LENGTH, 78 INCHES WIDE AND 76 INCHES MAX HEIGHT.  
NO COMMERCIAL VEHICLES, RECREATIONAL VEHICLES, TRAILERS, BOATS, TRAINS, PLANES,  
MOTORCYCLES, MOPEDS, MOTORIZED BICYCLES, OR OTHERWISE ARE PERMITTED.**

VEHICLE INFORMATION:

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

**The undersigned owners/tenants recognize that the Association shall be entitled to injunctive relief to prevent a violation of the provisions of this application or the Kingman Acres Village I governing documents. Also, I/We understand that a maximum of 30 days may be taken for the processing of this application from the date of receipt of all required documents associated with this application.**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Print Spouse Name \_\_\_\_\_

Spouse Signature \_\_\_\_\_

**KINGMAN ACRES CONDOMINIUM, INC.  
PO Box 2710  
Stuart, FL 34995**

**Condominium By-Laws and Rules and Regulations**

**I hereby acknowledge receipt of the Kingman Acres Condominium, Inc. Declaration, By-Laws and Rules & Regulations.**

**I have read and agree to abide by the Kingman Acres Condominium Declaration, By-Laws and all Rules & Regulations.**

\_\_\_\_\_ **Date** \_\_\_\_\_  
**Name of Owner/Tenant**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_ **Date** \_\_\_\_\_  
**Name of Owner/Tenant**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Unit Number**

\_\_\_\_\_ **Date** \_\_\_\_\_  
**Kingman Acres Representative**

\_\_\_\_\_  
**Signature**

**KINGMAN ACRES CONDOMINIUM, INC.**  
Prospective Purchaser/Tenants

**Pet Application Form**

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

Applicant Name:(print) \_\_\_\_\_

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

Number of pets: \_\_\_\_\_

**Pet #1 Type:** \_\_\_\_\_

**Pet #1 Breed:** \_\_\_\_\_

Weight: \_\_\_\_\_

Maximum Mature Weight: \_\_\_\_\_

Age: \_\_\_\_\_

**Pet #2 Type:** \_\_\_\_\_

**Pet #2 Breed:** \_\_\_\_\_

Weight: \_\_\_\_\_

Maximum Mature Weight: \_\_\_\_\_

Age: \_\_\_\_\_

I have read and understand the rules and regulations of the Association as well as the Covenants and Restrictions for Kingman Acres Condominium, Inc. regarding pets. I understand that failure to leash my pet is a violation of the Covenant and County Ordinance and may result in removal of the pet. I understand that failure to pickup refuse from my pet is a violation of the Covenant and County Ordinance and may also result in removal of the pet. I understand that if my pet becomes a nuisance to any member of the community (i.e. barking, etc.), it is a violation of the Covenant and may result in removal of the pet. This document must be signed by a licensed veterinarian. This document must identify the pet by breed, weight, and age. This notarized document must also state the anticipated weight of the pet at maturity, and must have an original signature from both the veterinarian and the notary. No copies will be accepted

Veterinarian Signature \_\_\_\_\_ (print name) \_\_\_\_\_

Applicant Signature \_\_\_\_\_

\_\_\_\_\_  
Notary Signature/Stamp Here X \_\_\_\_\_

RP PET VET NOTARY  
(Notary as to Applicant Signature only)

**KINGMAN ACRES CONDOMINIUM, INC.**  
PO Box 2710  
Stuart, FL 34995

**Tenant Contact Form**

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

**Tenant Name:** \_\_\_\_\_

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

**Unit #:** \_\_\_\_\_

**Vehicle Make/Color:** \_\_\_\_\_ **Year** \_\_\_\_\_

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

**Email address (optional):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_