

**Newport Isles Property Owners Association, Inc.**  
**1856 SW Newport Isles Blvd.**  
**Port St. Lucie, FL 34953**  
**Tel: 772.345.1642 ~ Fax: 772.345.1662**  
**Email: newportislespoa@htcplus.net**

**Lease Application Package**

A complete application package will include:

1. A completely filled in application with all signatures (clear and legible).
2. Copy of signed contract with name of realtor, if applicable.
3. The following fees made payable to Newport Isles:

Application Fee	\$125.00
Security Deposit	\$1,000.00
Background and Credit History	\$15.00 (for an individual)
	\$25.00 (for a couple)
	\$20.00 (Interpol - worldwide criminal)

A background check will be done on all persons living in the household 18 years and older for a fee of \$15.00 per person.

**Please Note:**

An application can only be processed when complete. If an application is submitted and it is not complete, it will be held until the remainder of the information is submitted.

Tenant(s) must attend the Welcome Committee meeting **PRIOR** to moving into Newport Isles.

Tenant(s) must read all governing documents and abide by all rules and regulations set forth in each of the documents.

**Important:**

UNIT OWNER(S) MUST BE CURRENT WITH ALL ASSESSMENT AND FINE PAYMENTS TO THE ASSOCIATION AT THE TIME OF SUCH RENTAL APPLICATION APPROVAL.

**MAINTENANCE AND UP-KEEP OF THE EXTERIOR OF THE PROPERTY IS THE HOMEOWNER'S RESPONSIBILITY. THIS RESPONSIBILITY CANNOT BE TRANSFERRED TO THE TENANT.**

## **APPLICATION FOR APPROVAL OF LEASE**

Recorded Property Owner Name: \_\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Property Owner Phone No.: \_\_\_\_\_ Alternate Phone No.: \_\_\_\_\_

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

Anticipated Move-In Date: \_\_\_\_\_

Lease Start Date \_\_\_\_\_ Lease End Date \_\_\_\_\_

<u><b>Applicant(s) Information:</b></u>  Applicant Name: _____ Work phone: _____ Cell Phone: _____ E-Mail Address: _____	  Applicant Name: _____ Work phone: _____ Cell Phone: _____ E-Mail Address: _____
<u><b>List of Additional Occupants:</b></u>  1. _____ Age _____ Relationship to Applicant: _____ 2. _____ Age _____ Relationship to Applicant: _____ 3. _____ Age _____ Relationship to Applicant: _____	  4. _____ Age _____ Relationship to Applicant: _____ 5. _____ Age _____ Relationship to Applicant: _____ 6. _____ Age _____ Relationship to Applicant: _____
<u><b>Vehicle Information:</b></u>  Make: _____ Year: _____ Model: _____ Tag No.: _____ State: _____	  Make: _____ Year: _____ Model: _____ Tag No.: _____ State: _____
Make: _____ Year: _____ Model: _____ Tag No.: _____ State: _____	Make: _____ Year: _____ Model: _____ Tag No.: _____ State: _____

<p><b><u>Pet Information:</u></b></p> <p>Pet Name: _____</p> <p>Breed (list all if mixed) _____</p> <p>Current Weight _____ Age _____</p> <p>Description of pet _____</p> <p>*** <b>Must Include Photo of Pet(s)</b> ***</p> <p>_____</p> <p><b><u>Former landlords from the last 3 years:</u></b></p> <p>Landlord Name: _____</p> <p>Phone Number: _____</p> <p>Length of time at residence: _____</p>	<p>Pet Name: _____</p> <p>Breed (list all if mixed) _____</p> <p>Current Weight _____ Age _____</p> <p>Description of pet _____</p> <p>*** <b>Pit Bulls Are Not Permitted</b> ***</p> <p>_____</p> <p>Landlord Name: _____</p> <p>Phone Number: _____</p> <p>Length of time at residence: _____</p>
<p>Landlord Name: _____</p> <p>Phone Number: _____</p> <p>Length of time at residence: _____</p>	<p>Landlord Name: _____</p> <p>Phone Number: _____</p> <p>Length of time at residence: _____</p>
<p>Landlord Name: _____</p> <p>Phone Number: _____</p> <p>Length of time at residence: _____</p>	<p>Landlord Name: _____</p> <p>Phone Number: _____</p> <p>Length of time at residence: _____</p>
<p><b><u>Emergency Contact Information:</u></b></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone No.: _____</p> <p>Relationship: _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone No.: _____</p> <p>Relationship: _____</p>

The Landlord has provided the Tenant with a copy of the Declaration of Covenants, Restrictions and Easements for Newport Isles, the Bylaws for Newport Isles, the Articles of Incorporation for Newport Isles, Community Standards, Rules & Regulations for Newport Isles and any Amendments to the aforementioned documents; and, the Landlord has provided the Tenant with the access control devices for the gates and the key(s) to the clubhouse. If landlord has not provided the Tenant with afore-mentioned access control devices, Tenant acknowledges that he/she will be charged for these items by the Association.

**There shall be no more than two persons per bedroom in any leased home.**

**The number of motor vehicles permitted at each property shall be limited to the number which can be parked in accordance with Port Saint Lucie Code and Association rules. No parking shall be allowed on the street, in grassy areas or on the sidewalks within Newport Isles. Violators are subject to towing at the vehicle owner's expense.**

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Owner Printed Name

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

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant Printed Name

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

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant Printed Name

**I (we) agree that if the Association makes a direct demand of payment of rent, I (we), pursuant to Florida Statute 720.3085(8), agree to make the rental payments directly to the Association. I (we) understand that the Association has the right to evict me (us) for failure to make rental payments upon demand directly to the Association.**

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

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

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

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

Homeowner:\_\_\_\_\_

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

Homeowner:\_\_\_\_\_

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

# NEWPORT ISLES PROPERTY OWNERS ASSOCIATION, INC.

## Resident Access Information Form

*If you are a new resident, you must include either your warranty deed or lease agreement with this form for the information to be processed.*

\* This form must be fully completed in legible print.

Owner \_\_\_\_\_ Tenant \_\_\_\_\_

Recorded Property Owner Name: \_\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_

Newport Isles Property Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (This will be the number used for contacting resident for guest authorization).

**Occupant 1** Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

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

**Occupant 2** Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

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

### **Additional Listing of Occupants Living at this Address:**

Name: \_\_\_\_\_ Owner/Minor/Tenant/Occupant

Name: \_\_\_\_\_ Owner/Minor/Tenant/Occupant

Name: \_\_\_\_\_ Owner/Minor/Tenant/Occupant

Name: \_\_\_\_\_ Owner/Minor/Tenant/Occupant

Name: \_\_\_\_\_ Owner/Minor/Tenant/Occupant

**GATEHOUSE PHONE NUMBER: 772.345.1272**  
**This is the number you need to call for guest authorization.**

**NEWPORT ISLES PROPERTY OWNERS ASSOCIATION, INC.**  
**Resident Access Information Form – Page 2**

**Permanent Visitors:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Permanent Service Personnel:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Vehicle Information:**

Make:\_\_\_\_\_ Model:\_\_\_\_\_ Year:\_\_\_\_\_ Color:\_\_\_\_\_ Tag:\_\_\_\_\_

Make:\_\_\_\_\_ Model:\_\_\_\_\_ Year:\_\_\_\_\_ Color:\_\_\_\_\_ Tag:\_\_\_\_\_

Make:\_\_\_\_\_ Model:\_\_\_\_\_ Year:\_\_\_\_\_ Color:\_\_\_\_\_ Tag:\_\_\_\_\_

Make:\_\_\_\_\_ Model:\_\_\_\_\_ Year:\_\_\_\_\_ Color:\_\_\_\_\_ Tag:\_\_\_\_\_

**Emergency Contact:**

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

Home Phone:\_\_\_\_\_ Cell:\_\_\_\_\_

**Emergency Alerts** (i.e., DO NOT ADMIT, CALL FOR ALL VISITORS): \_\_\_\_\_

\_\_\_\_\_

I understand I must use my PIN as provided by Newport Isles for identification when authorizing access to the property for any guest or visitor to my home. Further, I understand all guests will be required to show a photo ID whether or not the guest is listed on this form. I understand it is my responsibility to update this form with any changes.

**Occupant's Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Please return this completed form, in person, to the Newport Isles Clubhouse:**  
1856 SW Newport Isles Blvd.  
Port St. Lucie, FL 34953  
772.345.1642

\*\*\*\*\*

**FOR OFFICE USE ONLY**  
**APPROVED FOR ENTRY BY:**\_\_\_\_\_ **DATE ENTERED:**\_\_\_\_\_

**Newport Isles Property Owners' Association, Inc.**  
**Barcode and Keyfob Record**

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

Homeowner Name(s): \_\_\_\_\_ Tel No.: \_\_\_\_\_

Homeowner Address  
(if different from NPI Property Address): \_\_\_\_\_

Tenant Name(s): \_\_\_\_\_ Tel No.: \_\_\_\_\_

Additional Residents of Home and Ages:

1. \_\_\_\_\_ Age \_\_\_\_\_  
2. \_\_\_\_\_ Age \_\_\_\_\_  
3. \_\_\_\_\_ Age \_\_\_\_\_  
4. \_\_\_\_\_ Age \_\_\_\_\_

**Vehicle #1** Make: \_\_\_\_\_ Model: \_\_\_\_\_

Tag No.: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Reg. Owner: \_\_\_\_\_

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

Barcode No.: \_\_\_\_\_

**Vehicle #2** Make: \_\_\_\_\_ Model: \_\_\_\_\_

Tag No.: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Reg. Owner: \_\_\_\_\_

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

Barcode No.: \_\_\_\_\_

**Vehicle #3** Make: \_\_\_\_\_ Model: \_\_\_\_\_

Tag No.: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Reg. Owner: \_\_\_\_\_

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

Barcode No.: \_\_\_\_\_

Keyfob Nos: \_\_\_\_\_

I hereby attest that the above information is true and accurate.

Resident Signature \_\_\_\_\_

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

## FEDERAL BACKGROUND SERVICES REQUEST FORM

Phone No.: 772.345.1642  
Company: Newport Isles POA  
Contact: Annmarie Coniglio  
Fax No.: 772.345.1662  
Email: [newportislespoa@htcplus.net](mailto:newportislespoa@htcplus.net)

Federal Background Services  
Phone No.: 561.969.9966  
Fax No.: 561.969.9988

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

Maiden Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ S.S. # \_\_\_\_\_ SEX \_\_\_\_\_

### SEARCHES REQUESTED

☐ FLORIDA CRIMINAL HISTORY FDOC (Includes sexual predator/offender)

☐ FLORIDA CRIMINAL HISTORY FDLE

☐ NON-FL CRIMINAL HISTORY (STATE) \_\_\_\_\_

COUNTY, CITY OR ZIPCODE \_\_\_\_\_

☐ FL DRIVERS LIC HIST 3 YEAR

FL DL # \_\_\_\_\_

☐ FL DRIVERS LIC HIST 7 YEAR

FL DL # \_\_\_\_\_

☐ EDUCATION VERIFICATION

**\*\*CALL FOR VERIFICATION FORM**

☐ EMPLOYMENT VERIFICATION

CONTACT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

☐ INTERPOL WORLDWIDE CRIMINAL

☐ VEHICLE TAG SEARCH \_\_\_\_\_

☐ SOCIAL SECURITY VERIFICATION

Alien # \_\_\_\_\_ Doc Type \_\_\_\_\_

☐ FLORIDA WORKERS' COMP HISTORY

☐ FLORIDA SEXUAL OFFENDER/PREDATOR

☐ NATIONWIDE CRIMINAL CHECK (Includes  
a 50 state sexual predator/offender search)

☐ NATIONWIDE SEXUAL OFFENDER

☐ OUT OF STATE DRIVER LIC. HIST

NON FL DL # \_\_\_\_\_

☐ CREDIT HISTORY INDIVIDUAL

PRESENT ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

☐ JOINT CREDIT HISTORY

SPOUSE NAME: \_\_\_\_\_

SPOUSE S.S. # \_\_\_\_\_

### PACKAGE OPTIONS (PLEASE FILL IN INFORMATION ABOVE)

☐ PACKAGE #1

FDLE CRIMINAL HISTORY  
NATIONWIDE CRIMINAL RECORDS  
SOCIAL SECURITY VERIFICATION  
FL WORKERS COMP

☐ PACKAGE #2

FDOC CRIMINAL HISTORY  
NATIONWIDE CRIMINAL RECORDS  
SOCIAL SECURITY VERIFICATION  
FL WORKERS COMP

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 and all necessary searches for the above named company.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



## FEDERAL BACKGROUND SERVICES REQUEST FORM

Phone No.: 772.345.1642  
Company: Newport Isles POA  
Contact: Annmarie Coniglio  
Fax No.: 772.345.1662  
Email: [newportislespoa@htcplus.net](mailto:newportislespoa@htcplus.net)

Federal Background Services  
Phone No.: 561.969.9966  
Fax No.: 561.969.9988

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

Maiden Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ S.S. # \_\_\_\_\_ SEX \_\_\_\_\_

### SEARCHES REQUESTED

☐ FLORIDA CRIMINAL HISTORY FDOC (Includes sexual predator/offender)

☐ FLORIDA CRIMINAL HISTORY FDLE

☐ NON-FL CRIMINAL HISTORY (STATE) \_\_\_\_\_

COUNTY, CITY OR ZIPCODE \_\_\_\_\_

☐ FL DRIVERS LIC HIST 3 YEAR

FL DL # \_\_\_\_\_

☐ FL DRIVERS LIC HIST 7 YEAR

FL DL # \_\_\_\_\_

☐ EDUCATION VERIFICATION

**\*\*CALL FOR VERIFICATION FORM**

☐ EMPLOYMENT VERIFICATION

CONTACT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

☐ INTERPOL WORLDWIDE CRIMINAL

☐ VEHICLE TAG SEARCH \_\_\_\_\_

☐ SOCIAL SECURITY VERIFICATION

Alien # \_\_\_\_\_ Doc Type \_\_\_\_\_

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☐ NATIONWIDE SEXUAL OFFENDER

☐ OUT OF STATE DRIVER LIC. HIST

NON FL DL # \_\_\_\_\_

☐ CREDIT HISTORY INDIVIDUAL

PRESENT ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

☐ JOINT CREDIT HISTORY

SPOUSE NAME: \_\_\_\_\_

SPOUSE S.S. # \_\_\_\_\_

### PACKAGE OPTIONS (PLEASE FILL IN INFORMATION ABOVE)

☐ PACKAGE #1

FDLE CRIMINAL HISTORY  
NATIONWIDE CRIMINAL RECORDS  
SOCIAL SECURITY VERIFICATION  
FL WORKERS COMP

☐ PACKAGE #2

FDOC CRIMINAL HISTORY  
NATIONWIDE CRIMINAL RECORDS  
SOCIAL SECURITY VERIFICATION  
FL WORKERS COMP

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 and all necessary searches for the above named company.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **LEASE APPLICATION CHECKLIST**

*Did you include...?*

- \_\_\_\_\_ Executed copy of lease. Said least must comply with all terms of the governing documents; both tenant and landlord are jointly and severally liable to the Association for any fines levied or damages caused by tenant to any common areas.
- \_\_\_\_\_ Completed application signed by both owner and tenant.
- \_\_\_\_\_ Resident Access form completed and signed for gate access.
- \_\_\_\_\_ Screening form completed for each person age 18 and older.
- \_\_\_\_\_ Application fee in the amount of \$125.00 payable to **Newport Isles** (must be a separate check, certified funds).
- \_\_\_\_\_ Certified funds in the amount of \$15.00 (for an individual) or \$25.00 (for a couple). A background check will be done on each person listed on the lease 18 years and older payable to **Newport Isles**.
- \_\_\_\_\_ Security deposit in the amount of \$1,000.00 payable to **Newport Isles** (must be separate check, in certified funds).