

# Heritage Oaks at Tradition Homeowners' Association, Inc.



3171 SE Dominica Terrace | Stuart, FL 34997

T: 772-219-4474 | F: 772-219-4746

## **OWNER OCCUPANT ADD-ON APPLICATION INSTRUCTIONS**

The following items must be completed and/or submitted to Signature Property Management:

- Owner Occupant Add-On Application to be completed in full
- Acknowledgement of Covenants & Deed Restrictions must be reviewed and signed
- Copy of Driver License(s)
- A non-refundable processing fee of \$125.00 made payable to ***Signature Property Management***
- A Background Check is required. A non-refundable fee of \$65.00 per occupant 18 years or older payable to Signature Property Management. If applicant other than US Citizen please contact SPM for the amount of the processing fee.

**NOTE:** All applications must be submitted in full. If not, this will delay the approval process. Applications take a minimum of 14 business days for processing. Please submit your application to us in a timely manner to avoid a delay. ***A Owner Occupant Add-On is not approved until a Certificate of Approval has been issued.***

***NOTE: An orientation must be completed by all new residents in order to obtain barcodes and clubhouse/pool access. Orientations are given on Friday's at 3:00 p.m. at the clubhouse and are attended by appointment only. Once you are approved, we will contact you to set the date.***

***Submit the entire package to:***

Heritage Oaks at Tradition HOA, Inc.  
c/o Signature Property Management  
3171 SE Dominica Terrace  
Stuart, FL 34997

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Updated: 9-8-2022

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## **CHECKLIST FOR OWNER OCCUPANT ADD-ON APPLICATION** – *Please Print*

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

Move In Date: \_\_\_\_\_

### General Submission requirements:

- ☐ Completed Owner Occupant Add-On Application
- ☐ A non-refundable processing fee of \$125.00 made payable to *Signature Property Management*
- ☐ A non-refundable background processing fee(s) of \$65.00 per occupant 18 years or older payable to *Signature Property Management* along with the signed authorization form per adult (Check with SPM for cost if other than US citizen)
- ☐ Copy of Driver License(s)
- ☐ Certificate of Approval for delivery options :
  - \_\_\_\_\_ Email Copy to Owner

*I certify that the information requested above and contained in this application are attached, true and correct. I understand that any falsification, misrepresentation, or omission is grounds for refusal to approve this sale application.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **OWNER OCCUPANT ADD-ON APPLICATION** – *Please Print*

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

**PROPERTY ADDRESS:** \_\_\_\_\_

**MOVE-IN DATE:** \_\_\_\_\_

### **CURRENT HOMEOWNER INFORMATION:** *(all information must be printed and legible)*

Name of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **APPLICANT INFORMATION:**

**Applicant Name:** \_\_\_\_\_

Applicant Present Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Applicant Present Address: \_\_\_\_\_

\*Applicant Email Address: \_\_\_\_\_

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## **VEHICLE REGISTRATION FORM**

### **LICENSE DRIVER:**

Name: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

### **DESCRIPTION OF VEHICLE(S):**

#### **Vehicle #1**

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

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

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

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

Tag #: \_\_\_\_\_

State: \_\_\_\_\_

#### **Vehicle #2**

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

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

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

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

Tag #: \_\_\_\_\_

State: \_\_\_\_\_

**Vehicle #1 registered to:** \_\_\_\_\_

**Vehicle #2 registered to:** \_\_\_\_\_

***NOTE: Pictures (front, back & sides) of any pick-up truck must be included in your application.***

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **PERSONAL REFERENCES:** *(Other than family members)*

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

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

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

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

## **RESIDENCE HISTORY:** *(If less than five (5) years, provide previous residence information on separate sheet)*

1. Previous Address:

_____	_____
Address	City/State/Zip

I/We have \_\_\_\_\_ owned OR \_\_\_\_\_ rented this home for (length of time) \_\_\_\_\_

Name of Landlord or Mortgage holder:

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

2. Previous Address:

_____	_____
Address	City/State/Zip

I/We have \_\_\_\_\_ owned OR \_\_\_\_\_ rented this home for (length of time) \_\_\_\_\_

Name of Landlord or Mortgage holder:

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

## **EMERGENCY CONTACTS:**

1. In case of Emergency notify: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

2. In case of Emergency notify: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

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## **Acknowledgement of Association** **Rules & Regulations & Governing Documents**

### **I ACKNOWLEDGE AND AGREE TO THE FOLLOWING:**

I have received from the Property Owner a copy of all the deeded Documents, Rules and Regulations as amended, or as may be promulgated hereafter by the Board of Directors. I understand that I am moving into a deed restricted community. I have read, understand, and agree to abide by said Documents, Rules, and Regulations of Heritage Oaks Home Owners Association, Inc.

Applicant: \_\_\_\_\_  
(Signature)

Applicant: \_\_\_\_\_  
(Print Name)

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

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## **BACKGROUND AUTHORIZATION INQUIRY RELEASE FORM**

In connection with my application for residency I understand various sources will be contacted to provide an investigative background inquiry on me which may include but not be limited to: identity and prior address verification, criminal history, consumer credit history, bankruptcy, lien, civil judgment and eviction record history. I authorize any source contacted to furnish the above information and release, discharge and indemnify the end user listed below and its agents and associates from any claims, damages, losses, liabilities, costs and expenses arising from the retrieving and reporting of the requested information. I allow a photocopy of this authorization be accepted with the same authority as the original. This signed release expires one year after the date of origination.

### **PLEASE PRINT**

**Association Name:** Heritage Oaks at Tradition HOA - For Residency

**Prospective Occupant's FULL Legal Name:** \_\_\_\_\_  
(First) (Middle) (Last)

**Maiden Name(s) (if applicable):** \_\_\_\_\_  
(First) (Middle) (Last)

**Previous Married Name (if applicable):** \_\_\_\_\_  
(First) (Middle) (Last)

**Social Security Number:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Driver's License # (if have one):** \_\_\_\_\_ **State:** \_\_\_\_\_

**Current Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Previous Street Address (if you have one):** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Applicant Phone:** \_\_\_\_\_

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

***PLEASE NOTE: This signature must be hand signed, not computer generated.***