

COBBLESTONE COUNTRY CLUB HOMEOWNERS' ASSOCIATION

c/o Coastal Property Management
10 SE Central Parkway, Suite 400 Stuart, FL 34994
Office: (772) 600-8900 Fax: (772) 266-9801

Sales Application Check List

All required documents must be submitted; incomplete applications will not be processed.

General submission requirements: Payments are only accepted in the form of checks or money orders

- Fully executed application
- Fully executed sales contract
- \$50.00 Application fee (non-refundable) – Please make check payable to **COBBLESTONE COUNTRY CLUB HOMEOWNERS ASSOCIATION**
- \$50.00 Background Check (required and non-refundable) for each applicant over 18 years of age. Please make sure the check is made payable to COBBLESTONE COUNTRY CLUB HOMEOWNERS ASSOCIATION
- \$125.00 Processing fee non-refundable made out to Coastal Property Management
- \$100 RUSH fee made out to Coastal Property Management
- Picture of all pets no more than Three (3) and form filled out
- Clear copy of each applicant's current ID
- Title Company Info for Sale/Purchase
 - Company Name: _____
 - Company Address: _____
 - Company Phone: _____
 - Company Email: _____
- Buyers Realtor Info for Sale/Purchase
 - Company Name: _____
 - Company Address: _____
 - Company Phone: _____
 - Company Email: _____
- Seller/Current Owner Realtor's Info for Sale/Purchase
 - Company Name: _____
 - Company Address: _____
 - Company Phone: _____
 - Company Email: _____
- Certificate of Approval delivery option (Mark "X" by delivery option)
 - _____ Mail original to Title Company and email copy to _____
 - _____ Mail original to Buyer's Realtor and email copy to _____
 - _____ Mail original to Seller's Realtor and email copy to _____

COBBLESTONE COUNTRY CLUB HOMEOWNERS ASSOCIATION

SALES APPLICATION

c/o Coastal Property Management
10 SE Central Parkway, Suite 400
Stuart, FL 34994

The Association shall review the proposed application within thirty (30) days of receipt of required information, documents, and fees. Please ensure all required items are submitted as a complete package – incomplete packages will not be processed.

APPLICATION INSTRUCTIONS

APPLICANT must submit:

- Fully executed application
- Fully executed sales contract
- \$150.00 Application fee (non-refundable) – Please make check payable to **COBBLESTONE COUNTRY CLUB HOMEOWNERS ASSOCIATION**
- \$50.00 Background Check (required and non-refundable) for each applicant over 18 years of age. Please make sure the check is made payable to COBBLESTONE COUNTRY CLUB HOMEOWNERS ASSOCIATION
- Picture of Pet (s)
- Pet Application- Must be accompanied by copy of official record from Veterinarian on Veterinarians letterhead showing breed, current weight, expected mature weight and current vaccinations.
- Clear copy of each applicant's current ID
- Signed Rules and Regulations

***Payments are only accepted in the form of checks or money orders**

All items must be submitted as an entire packet to:

**Coastal Property Management
10 SE Central Parkway, Suite 400
Stuart, FL 34994**

Thank you in advance for your cooperation in following this process. If you have any questions, please call:
Coastal Property Management – (772) 600-8900

SALES APPLICATION

Date of Application _____ Closing Date: _____

Property Address: _____ Unit # _____

NAME(s) OF APPLICANT: _____ Email: _____

PRESENT ADDRESS: _____ City _____ State _____ Zip _____

Cell phone: () _____ Home phone () _____ Business Phone () _____

Previous address: _____ How Long _____

If currently renting: Landlord's name: _____ Contact #: _____

CO-APPLICANT: _____ Email: _____

PRESENT ADDRESS: _____ City _____ State _____ Zip _____

Cell phone:() _____ Home phone:() _____ Business Phone: () _____

NUMBER PEOPLE WHO WILL BE RESIDING AT THE HOME _____

OCCUPANTS RESIDING AT RESIDENCE:

NAME _____ RELATIONSHIP _____ DOB _____

NAME _____ RELATIONSHIP _____ DOB _____

NAME _____ RELATIONSHIP _____ DOB _____

MAKE _____ MODEL _____ YEAR _____ TAG # _____ State _____

MAKE _____ MODEL _____ YEAR _____ TAG # _____ State _____

MAKE _____ MODEL _____ YEAR _____ TAG # _____ State _____

MAKE _____ MODEL _____ YEAR _____ TAG # _____ State _____

EMPLOYMENT HISTORY

CURRENT EMPLOYER _____ JOB TITLE _____ HOW LONG _____

EMPLOYER ADDRESS _____

EMPLOYER PHONE _____

CO-APPLICANT'S CURRENT EMPLOYER _____ JOB TITLE _____

HOW LONG _____ EMPLOYER ADDRESS _____

EMPLOYER PHONE _____

This page must be signed by everyone even if you do not have a pet right now

Maximum of **three** pets per unit. Restricted to cat or dog. You must provide a recent photograph of each pet.

Date _____

Applicant Name _____

Applicant's Current Address _____

Pet #1: Cat or Dog (circle)

Breed _____ Current weight _____ Maximum Mature Weight _____

Rabies vaccination date _____ Tag number _____

Pet #2: Cat or Dog (circle)

Breed _____ Current weight _____ Maximum Mature Weight _____

Rabies vaccination date _____ Tag number _____

Is this pet registered as a Service Animal? _____

Is this pet documented as an Emotional Support Animal? _____

Pet #3: Cat or Dog (circle)

Breed _____ Current weight _____ Maximum Mature Weight _____

Rabies vaccination date _____ Tag number _____

Veterinarian Name _____

Contact # _____

- **If Registered Service Animal, please provide copy of the registration to the Association. It is understood the pet(s) must always be on a leash while outside the dwelling and controlled by a responsible person. Cats are not allowed to roam throughout the neighborhood.**
- **I also understand should the dog bark incessantly or become a nuisance to the neighbors or community, the Board of Directors may require the removal of the pet(s) from the community at the owner's expense. Should you have a dog, now or in the future, regardless of weight, emotional support animal or service dog designation, and your dog attacks or bites other dogs or people, you hereby agree that upon receiving notice from the Association that such an event has occurred that you agree to have your dog removed from Cobblestone Country Club Homeowners Association.**
- **No Pitbulls Mixes Allowed.**

Owner's Signature _____

Print _____ Date _____

Cobblestone Country Club Homeowners' Association

Statement of Understanding

I/We fully authorize investigation of all answers and references given in the application.

I/We hereby agree to abide by all Documents and Rules and Regulations of Cobblestone Country Club Homeowners' Association, Inc. a copy of which was received from the Seller. Yes No

I/We understand that I/We are moving into a deed restricted community. I/We hereby agree to abide by all Documents and Rules and Regulations of Cobblestone Country Club Homeowners' Association, Inc. I/We have received the Documents of the Association and agree to abide by them.

If seller fails to provide a set of Documents, I/We understand a copy may be obtained from the Association at a cost of \$50.00 or the Documents are also available on the website. www.cobblestoneecc.info
As Owner(s) I/We agree that the terms of the attached contract are within the requirements of Cobblestone Country Club Homeowners' Association, Inc., Rules and Regulations.

As Owner(s), I/We will not rent to any person(s) who have not been approved by the Association. I/We also understand that upon renewal of an existing lease an inquiry to the office will be made to verify that no violations exist against the tenant(s) before a renewal is signed. A copy of any renewal must be given to the Association 30 days prior to the renewal date.

Property Address: _____

Purchaser: _____

Signature _____ Date: _____

Co-Purchaser: _____

Signature: _____ Date: _____

Seller: _____

Signature: _____ Date: _____

Co-Seller: _____

Signature: _____ Date: _____

