

**Cedar Pointe Village 1-5 Association, Inc.**  
**2929 SE Ocean Blvd – Clubhouse 1, Stuart, FL 34996**  
**772-286-9987 ~ CPV15@BellSouth.net**

Unit # \_\_\_\_\_

**Lease Application**  
**Check List**

Please be aware that this is a 55+ condo community, with **many** Rules that will be enforced.  
It is **not** low-income or subsidized housing.

All items must be submitted or your application will be considered incomplete.  
Misrepresentation, falsification or incomplete information may disqualify or delay the application.  
This form must be submitted with all other necessary paperwork.

**General submission requirements**

1. Fully executed application  
*NOTE: U.S. Service member applications will be processed and notified within 7 days of submission.*
2. Fully executed lease agreement
3. \$100 Application fee (non-refundable) Make check payable to Cedar Pointe Village 1-5 Assoc.
4. Include a Credit Bureau Credit Report, not more than 3 months old, for each applicant.
5. Driver's License or Photo ID

**Tenant Realtor Info**

Company Name: \_\_\_\_\_

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

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

Company Email: \_\_\_\_\_

**Owner Realtor Info**

Company Name: \_\_\_\_\_

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

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

Company Email: \_\_\_\_\_

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**Lease Application**

The Association shall review the application within 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. A Certificate of Approval will be issued to the designated recipient.

**Instructions**

**APPLICANT must submit:**

1. Fully executed application
2. Fully executed lease agreement
3. \$100 Application fee (non-refundable) Make check payable to Cedar Pointe Village 1-5 Assoc.
4. Include a Credit Bureau Credit Report, not more than 3 months old, for each applicant.
5. Driver's License or Photo ID

**Please note:**

- Animals of any kind are not allowed.
- ONE PARKING space only – per unit.
- All leases must be for a minimum of 90 days or maximum of 12 months. Leases for less than three (3) consecutive months or for more than twelve (12) months are prohibited.
- Submit information timely – Board of Directors approval is required and can take 30 days.  
*(U.S. Service member applications will be processed and notified within 7 days of submission.)*
- A Personal Interview is required and they are scheduled about twice a month.
- Misrepresentation, falsification or incomplete information may disqualify or delay application.

**All items must be submitted as an entire packet to:**

Cedar Pointe Village 1-5 Association  
2929 SE Ocean Blvd, Clubhouse 1  
Stuart, FL 34996

Thank you for correctly following the procedures.

*If you have any questions please call the Cedar Pointe 1-5 Office 772-286-9987 or  
Coastal Property Management 772-600-8900.*

**Every effort will be made to expedite the notification process.**

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**Lease Application**

Date of Application \_\_\_\_\_ Property Address: 2929 SE Ocean Blvd, Stuart FL 34996 Unit #: \_\_\_\_\_

Date Lease Starts: \_\_\_\_\_ Date Lease Ends: \_\_\_\_\_

**APPLICANT**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Present Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Active Service     Retired     Employed    Dates from \_\_\_\_\_ to \_\_\_\_\_

Employer Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

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

**CO-APPLICANT:** \_\_\_\_\_ Email: \_\_\_\_\_

Present Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

**VEHICLE RESIDING AT UNIT**

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

Number people residing in the unit \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**TENANT PERSONAL REFERENCES**

**1. Name:** \_\_\_\_\_ Email: \_\_\_\_\_

Present Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

**2. Name:** \_\_\_\_\_ Email: \_\_\_\_\_

Present Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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**Rules & Regulations Agreement**

In the event that approval is granted by the Board of Directors of the Cedar Pointe Village 1-5 Association, Inc., the undersigned hereby **agrees to abide by** the Articles of Incorporation, Declaration of Condominium, Restrictions, By-Laws, Guidelines, all covenants, conditions, rules and regulations as set forth, as now or hereafter amended, and any additional covenants, conditions, rules and regulations as may be imposed from time to time by the Board of Directors or the members of the Cedar Pointe Village 1-5 Association Inc. Should tenant have guests, tenant ensures that guests are familiar with the Rules and Regulations and agrees to abide by them.

*In the event that such approval is granted by the Board of Directors, the undersigned hereby agrees to abide with the above stated.*

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Co-Tenant Signature

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

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

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

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**Prospective Tenant Authorization**  
**(for Background & Credit Check)**

The undersigned being a new tenant applicant(s) of the following address:

2929 SE Ocean Blvd, Stuart FL 34996 Unit #: \_\_\_\_\_

I/We hereby authorize Cedar Pointe Village 1-5 Association and Coastal Property Management and its agents to conduct a background and credit investigation of myself, as a prospective tenant in the Association and therefore authorize criminal histories of myself to be searched for the purpose of determining my suitability for residence in the community. I understand that the results of such investigation will be shared by the property manager with the Association’s Board of Directors.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Print name) \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
(Signature) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Driver’s License No. \_\_\_\_\_ State of Issuance \_\_\_\_\_

\_\_\_\_\_  
(Print name) \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
(Signature) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Driver’s License No. \_\_\_\_\_ State of Issuance \_\_\_\_\_

Must be signed by all applicants. Use additional copy of this sheet if needed for additional applicants.

**PLEASE ATTACH A CLEAR COPY OF A CURRENT PHOTO ID FOR ALL APPLICANTS**

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