Property Address_	
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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

This form <u>must be</u> submitted with all other necessary paperwork and received at least thirty (30) days prior to the proposed closing date. All items must be submitted, or your application will not be processed.

General submission requirements

- Fully executed application
- Fully executed sales contract
- \$150 Application fee (non-refundable) Please make check/money order payable to Rivergreen Villas POA
- \$50 for Background Check (required) non-refundable) for each applicant/occupant over 18 years of age. Please make the check/money order payable to Rivergreen Villas POA.
- Copy of Driver's License/Photo ID of every applicant/occupant over the age of 18.
- Owner "Intent to Sell or Rent" form signed and completed.

*Payments are only accepted in the form of check or money order

• <u>Title Co</u>	ompany Info for Sale/Purchase	
0	Company Name:	
0	Company Address:	
0	Company Phone:	
0	Company Email:	
• <u>Buyer's</u>	Realtor Info for Sale/Purchase	
0	Company Name:	
0	Company Address:	
0	Company Phone:	
0	Company Email:	
• <u>Seller/C</u>	Current Owner Realtor's Info for Sale/Purchase	
0	Company Name:	
0	Company Address:	
0	Company Phone:	
0	Company Email:	
• <u>Certification</u>	ate of Approval delivery option (Mark "X" by delivery opt	<u>ion)</u>
0	Mail original to Title Company and email copy to	
0	Mail original to Buyer's Realtor and email copy to)
0	Mail original to Seller's Realtor and email copy to)

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 must be approved by the Board of Directors and a personal interview is required prior to final approval.

APPLICATION INSTRUCTIONS

APPLICANT must submit:

- Completed Application (Application will not be processed without all signatures)
- Signed copy of Sales Contract
- \$150.00 Application Fee (non-refundable) Please make check/money order payable to: <u>Rivergreen Villas POA</u>
- \$50 for Background Check (required non-refundable) for each applicant/occupant over 18 years of age.
- Copy of Driver's License/Photo ID of every applicant/occupant over the age of 18
- Please make check/money order payable to: Rivergreen Villas POA.

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

Every effort will be made to expedite the notification process.

SALES APPLICATION

Date of Application Property Address:			
Closing Date:	_		
NAME(s) OF APPLICANT:	Email: _		
PRESENT ADDRESS:	City	State	Zip
Cell phone: ()Home	phone ()	_Business Phone ()	
CO-APPLICANT:	Email: _		
PRESENT ADDRESS:	City	State	Zip
Cell phone: ()Hor	ne phone ()	Business Phone ()
VEHICLE(S) RESIDING AT RESIDENCE			
MOTORCYCLES ARE NOT ALLOWED-OW	NED OR VISITING		
MAKE MODEL	YEAR	TAG #	
MAKE MODEL	YEAR	TAG #	
NUMBER PEOPLE WHO WILL BE RESIDING AT THE HOME			
EMERGENCY CONTACT INFORMATION			
NAMEI	RELATIONSHIP	PHONE #	
NAME	RELATIONSHIP	PHONE #	

SALES APPLICATION c/o Coastal Property Management 10 SE Central Parkway, #400 Stuart, FL 34994

CRIMINAL & CREDIT BACKGROUND CONSENT FORM

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

its agents to conduct a background and therefore authorize criminal hi	Villas Property Owners Association, Inc. and Coastal P and credit investigation of myself, as a prospective o stories of myself to be searched for the purpose of de nderstand that the results of such an investigation wi tion's Board of Directors.	wner in the Association etermining my suitability
Dated:		
1	Date of Birth	_
(Signature)		
	Social Security No	
(Print name)		
Driver's License No	State of Issuance	
2	Date of Birth	_
(Signature)		
	Social Security No	
(Print name)		
Driver's License No	State of Issuance	

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

PLEASE ATTACH A CLEAR COPY OF ALL APPLICANTS CURRENT PHOTO ID

The undersigned, in the event that such approval is granted by the Board of Directors of the Rivergreen Villas Property Owners Association, Inc., hereby agrees to abide by the Articles of Incorporation, Declaration of Covenants and Restriction and By-Laws, 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 Rivergreen Villas Property Owners Association, Inc. Should we have a guest, we will ensure that they too are familiar with the Rules and Regulations.			
The undersigned, in the event that such approval	is granted by the Board of Directors, hereby agrees to		
abide with the above stated.			
Purchaser Signature	Co-Purchaser Signature		
Print Name	Print Name		
Date Submitted:			
Please note: Owners acquiring title to a Lot after the e Living Unit during the first three (3) years of ownershi	effective date of May 9, 2023, are prohibited from leasing the p.		

RIVERGREEN VILLAS POA

I understand and will abide by the following rules:

1- NO PETS ARE ALLOWED - OWNED OR VISITING.

If you have a Service or Emotional Support Animal, you must disclose this information at the time of application. A request form must be filled out. If it is necessary for you to obtain a Service or Emotional Support Animal after moving in, you must notify the office and submit the proper paperwork.

Please note that falsifying information or knowingly providing fraudulent information for an emotional support animal or otherwise knowingly and willfully misrepresenting oneself as having a disability or disability-related need for an emotional support animal **is now a misdemeanor of the second degree.**

2- MOTORCYCLES ARE NOT ALLOWED - OWNED OR VISITING

Tenant Signature	Co-Tenant Signature
Print Name	Print Name
Date Submitted:	_

c/o Coastal Property Management 10 SE Central Parkway, Suite 400, Stuart FL 34994 772-600-8900 / Fax: 772-266-9801 / Admin@cpmfl.com

Intent to Sell or Rent Form

Name of Owner:		
Telephone # of Owner:		
E-mail Address of Owne	r:	
Address of Home for Sal	e or Rent:	
Home for Sale:	Rent: By Owner: _	Broker:
If by Real Estate Broker:	Company:	
	Address:	
	Accepts	
	Telephone #:	
When buyer or tenant is		nish the following information:
Name of Buyer:	Tenant:	
Anticipated Date of Clos	ing: Rental:	
•	•	ergreen Villas Association documents to able through your Coastal Property rner's portal.
Authorize	ed Signature of Owner	 Date

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Interview Form

- **1.** Lawns belong to the owner and are private property no trespassing.
- 2. No parking on lawns or streets these are tow-away zones.
- 3. No more than two (2) unrelated persons per unit. Both must be on the lease. No subleasing or renting of rooms.
- 4. No other persons may occupy premises after the application has been taken and approved other than short-term house guests.
- 5. This is a clustered community respect your neighbors. Keep volume and noise levels down. No disturbing parties are permitted. **QUIET TIME IS FROM 11 PM TO 7 AM.**
- **6.** Car radios must be guieted before entering the community.
- 7. No car repairs of any kind. This includes changing the oil. The only work that may be performed is emergency tire change or battery charging. Repairs of any kind are not allowed in the CLUBHOUSE parking lot. Washing is in driveway, only.
- **8.** If your car is leaking oil or fluid, please put some sort of protection on the driveway. You are required to keep the driveway clean.
- 9. Inoperable vehicles with flat or missing tires, expired license tags or otherwise unserviceable are not permitted to park anywhere in Rivergreen Villas. Violations will result in towing of vehicle after notice to the owner. Towing is at the owner's expense.
- **10.** No advertising on vehicles is permitted; no loud mufflers, motorcycles, work trucks, or pickup trucks over 5,000 are permitted.
- **11.** Dirt/trail bikes, motor scooters, ATVs, go carts, or any other equipment of this type are not allowed to operate in Rivergreen Villas.
- **12.** Common grounds are not to be used as a playground and our streets are not designed as playgrounds. Lyngate Park is nearby.
- **13.** Skateboards, basketball nets, slides, swings, or any other similar equipment, are not permitted. Roller blades (in-line skates) are allowed.
- **14.** The pool is open from 8:00 AM to 10 PM.
- **15.** Acceptable window treatments must be completed on all windows and sliders no later than thirty (30) days after move-in. Aluminum foil, newspaper, bed sheets and blankets are not permitted.
- **16. NO PETS**, including cats (except fish or quiet birds), are permitted.
- 17. Violations are treated with violation notices mailed to the person or persons breaking the rules. A copy is sent to the owner of the villa and a copy is mailed to the rental agent. Continued violations will be sent to the Association attorney for corrective action.
- 18. City pick up services are: MONDAY Garbage, yard waste and recycling (newspapers, brown grocery bags, glass, aluminum, and steel cans). BULK WASTE DAY is the 4th Monday of every month (furniture, mattresses, large toys, exercise equipment and appliances (NO BAGGED GARBAGE).

I RECEIVED AND I AGREE TO ABIDE BY THE RIVERGREEN VILLAS RULES & REGULATIONS.

Signature:	Signature:
Signature	Signaturo

c/o Coastal Property Management 10 SE Central Parkway, Suite 400, Stuart FL 34994 772-600-8900 / Fax: 772-266-9801 / Admin@cpmfl.com

Interview – Office Only Use

Date Received for Processing	g:		
Copy of Sale Contract/Lease	Attached:	Yes	No
Copy of Declaration Page of	Homeowner	's Insurance F	Policy: Yes No
Application Fee (\$150.00)	Date:	Check/Mo	ney Order #:
Background Fee (\$50 pp)	Date:	Check/Mo	ney Order #:
Pool Key Deposit (\$50.00)	Date:	Check/Mo	ney Order #:
Tennis Key Deposit (\$5.00)	Date:	Check/Mo	ney Order #:
Interview Conducted By:			
Interview Committee Board Approval:			
Signature of App	licant	·	Date
Signature of Co-Ap	plicant		 Date

Rivergreen Villas POA

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

OWNER INFORMATION UPDATE

Please complete this form to assure that we have the most current information on file regarding your home.

Name of owner: Second owner name:	
Property Address:	
Phone: Mobile:	
Primary E-Mail: E-Mail 2:	
Mailing/Alternate Address: include city, state, zip	-
Where you want your correspondence to go.	
Away Phone#	
Residency Status: Full-Time Seasonal Yes, this is Rental property.	
Do you currently have a tenant? No Yes	
If yes, Tenants Name: Phone:	
Lease Start Date:Lease End Date:Tenant email:	
In order to decrease the postage and mailing costs that the Association incurs, we have a consent to receive informal electronic con below. Note: Florida Statutes provides that for owners who consent to email communication their email addresses and phone num accessible to other owners.	mmunication
<u>CONSENT</u>	
You must provide consent even if your e-mail address is currently on file. By initialing this box, I <u>authorize</u> Rivergreen Villas POA and Coastal Property Management to corinformally with me via electronic transmission.	nmunicate
By initialing this box, I <u>authorize</u> Rivergreen Villas POA and Coastal Property Management to information in the community telephone/address directory (if published) which will be made as residents of Rivergreen Villas POA Only.	
Signature Date	_

Thank you for your time in completing this form. Please return to Coastal Property Management at the address above or fax to (772) 266-9801 or email to Admin@cpmfl.com. You must notify Coastal Property Management if any information on this form changes.