



**TREVI AT THE GARDENS
HOMEOWNERS' ASSOCIATION, INC.**

c/o Advantage Property Management
1111 SE Federal Hwy, Suite 100
Stuart, FL 34994
772-334-8900 * Fax 772-288-0175
AdvantagePM@advpropmgt.com

APPLICATION FOR PURCHASE/LEASE

Please submit the following to Advantage Property Management (address listed above) for processing:

1. Completed Application
2. Application Processing Fee - \$100.00
Check or Money Order made payable to: Trevi at the Gardens
3. E-mail Consent Form (Purchase Application only)
4. Copy of SALES/LEASE CONTRACT REQUIRED
5. Certificate of Approval

If Association Documents are needed, they can be downloaded at www.trevipbg.com or purchased from Advantage Property Management by Check or Money Order for \$50.00

**TREVI AT THE GARDENS
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APPLICATION FOR PURCHASE/LEASE - UNIT INFORMATION

_____ **PURCHASE**

_____ **LEASE**

Property Address: _____

Lot No.: _____ Unit Owner: _____

Proposed Occupancy Date: _____

Applicant Information:

Purchaser/Lessee Name: _____

Spouse or Other Occupant: _____

Number of people who will occupy unit: Adults _____ Children _____

Name / Age / Relationship of Occupants

Pets:

Number of Pets: _____

Breed: _____ Weight: _____

Breed: _____ Weight: _____

Residence History:

Current Address: _____

Current Phone No.: _____

Landlord / Mortgage Name: _____

Address: _____

Phone No.: _____

Vehicle Identification:

Number of Vehicles: _____

1.) Make: _____ Model: _____ Year: _____ Lic. No.: _____

2.) Make: _____ Model: _____ Year: _____ Lic. No.: _____

Emergency Contact:

In case of Emergency, Notify: _____

Phone No.: _____ Relationship: _____

By signing below, I/we understand that I/we must abide by all Rules, Regulations and Governing Documents associated with Trevi at the Gardens.

Purchaser/Lessee Signature

Purchaser/Lessee Signature

Date

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E-MAIL CONSENT FORM

If you wish to get information via e-mail please fill out this e-mail consent form.

OWNER NAME 1: _____

OWNER NAME 2: _____

TREVI AT THE GARDENS PROPERTY ADDRESS: _____

PHONE NUMBER 1: (h) _____ (c) _____

PHONE NUMBER 2: (h) _____ (c) _____

EMAIL 1 _____

EMAIL 2 _____

I/we CONSENT to accept Association related information via email:

Signature 1

Print Name

Signature 2

Print Name

Once consent is given, revocation of such consent may be delivered to the association via electronic transmission, by hand-delivery, by United States mail, by certified U.S. mail, or by other commercial delivery service. The unit owner bears the risk of ensuring delivery of the revocation of consent.

Return to: Advantage Property Management, LLC
1111 SE Federal Highway – Suite 100
Stuart, FL 34994
Fax (772) 288-0175
E-mail: AdvantagePM@advpromgt.com

**TREVI AT THE GARDENS
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CERTIFICATE OF APPROVAL FOR SALE/LEASE

The undersigned representative of Trevi at the Gardens Homeowners' Association, Inc. hereby certifies that the Board of Directors of the Association approves the conveyance of the unit located at:

From (Seller/Owner): _____

To (Buyer/Lessee): _____

And further certifies that the Association authorizes the undersigned to execute this Certificate of Approval on behalf of the Association.

By: _____ Manager or Officer

Date: _____