

**Doubletree Property Owners Association Inc.  
D/B/A Lost Lake Golf Club Property Owners Association**

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

**Lease Application Check List**

**All items must be submitted with your application.**

**This form must be submitted with all other necessary paperwork.**

**Please allow up to 15 days for processing**

**General submission requirements**

- ☐ Completed executed application
- ☐ Fully executed lease agreement
- ☐ \$100 Application fee (non-refundable) – Please make check payable to: DOUBLETREE PROPERTY OWNERS ASSOCIATION

- ☐ 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**  
**APPLICATION INSTRUCTIONS**

**APPLICANT must submit:**

- Completed Application (Application will not be processed without all required information & signatures)
- Signed copy of Lease Contract
- **\$100.00 Application Fee** (non-refundable) made payable to: **DOUBLETREE PROPERTY OWNERS ASSOCIATION**
- Clear copy of each applicant's photo ID

**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**

## LEASE APPLICATION

Date of Application \_\_\_\_\_ Unit Address: \_\_\_\_\_

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

Name of Applicant: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_ Years at This Location \_\_\_\_\_

Cell phone: (    ) \_\_\_\_\_ Home phone (    ) \_\_\_\_\_ Business Phone (    ) \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_ Years at This Location \_\_\_\_\_

Cell phone: (    ) \_\_\_\_\_ Home phone (    ) \_\_\_\_\_ Business Phone (    ) \_\_\_\_\_

### Vehicle Information:

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Tag # \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ RETIRED YES NO

Employer \_\_\_\_\_ Position \_\_\_\_\_ RETIRED YES NO

### Pets (Limit 4)

Cat \_\_\_\_\_ Dog \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_

Cat \_\_\_\_\_ Dog \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_

Cat \_\_\_\_\_ Dog \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_

Cat \_\_\_\_\_ Dog \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_

Names of every person who will at any time occupy the unit during the term of the lease, and whether they are guests or members of your family. \_\_\_\_\_

\_\_\_\_\_

EMERGENCY CONTACT INFORMATION

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

Where have you lived in the past three years other than your current address?

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

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

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

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

Entry Gate Info:

Each home may have 1 name, 1 phone number listed at gate entry callboxes. Please provide your info below that you would like to appear on the callboxes. Names are limited to 15 characters.

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

**The unit owner must provide the Lessee with all necessary keys. All requested information must be provided. Failure to do so may result in the application being disapproved.**

**The undersigned, in the event that such approval is granted by the Board of Directors of the Lost Lake Golf Club Property Owners Association, 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 Lost Lake Golf Club Property Owner Association. 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.*

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Tenant Signature

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Co-Tenant Signature

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Print Name

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Print Name