



**PARKVIEW**

**PARKVIEW OF STUART CONDOMINIUM ASSOCIATION, INC.  
P.O. BOX 150 STUART, FLORIDA 34995**

**Checklist for Complete**

**RENTAL**

**Application Packets**

To be returned to Association for review:

- **3 page application** \_\_\_\_\_
- **Owner's signature(s)** \_\_\_\_\_  
(on page 2 & 3)
- **Applicant's signature(s)** \_\_\_\_\_  
(on page 2 & 3)
- **Copy of the lease** \_\_\_\_\_  
(signed by both parties)
- **Applicant's Statement** \_\_\_\_\_  
(permission to do background checking)
- **Owner/Tenant Info Sheet** \_\_\_\_\_
- **Check for \$100 (non-refundable)** \_\_\_\_\_  
for each non-related occupant, payable to  
*Parkview of Stuart Condominium Association, Inc.*

To be retained by Applicant(s):

- **Parkview Rules & Regulations** \_\_\_\_\_