

APPLICATION CHECK LIST
PACKAGE MUST BE COMPLETE

BUYER/RENTER'S NAME: _____

EMAIL: _____

PHONE NUMBER: _____

REALTOR: _____

PHONE NUMBER: _____ EMAIL: _____

THE FOLLOWING IS A LIST OF ALL OF THE DOCUMENTS THAT MUST BE TURNED IN WITH YOUR PURCHASE/ LEASE APPLICATION. **THE APPLICATION WILL NOT BE PROCESSED UNTIL WE HAVE ALL OF THE REQUIRED DOCUMENTS.**

- OWNER'S **SIGNED** NOTICE OF INTENT TO LEASE OR SELL
- APPLICATION TO LEASE OR PURCHASE – **NOTARIZED**
- APPLICATION FOR OCCUPANCY
- BACKGROUND CHECK AUTHORIZATION FORM – 1 PER APPLICANT
- COPIES OF DRIVER'S LICENSE AND SOCIAL SECURITY CARD
- FOR FOREIGN NATIONALS – COPY OF PASSPORT AND OFFICIAL IDENTIFICATION FROM THEIR COUNTRY OF RESIDENCE**
- PROOF OF INCOME – 1 MONTH OF PAY STUBS AND 2 MONTHS OF BANK STATEMENTS
- APPLICATION FEE – \$150 PER PERSON OR MARRIED COUPLE MADE PAYABLE TO PACC 4
- FOR LEASES – COMMON AREA DAMAGE DEPOSIT
- COPY OF THE PURCHASE CONTRACT OR LEASE AGREEMENT**
- FOR SALES – **PLEASE SEE THE ATTACHED FORM FOR ESCROW AND FINANCING REQUIREMENTS**
- FOR SALES – **IF CASH DEAL, PROOF OF FUNDS AS WELL AS LETTER FROM TITLE COMPANY CONFIRMING CASH TRANSACTION AND NO MORTGAGE WILL BE OBTAINED**

PALM AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION #4, INC.

C/O Campbell Property Management
3500 Gateway Drive, #202
Pompano Beach, FL 33069
PHONE: (954) 968-4481

PURCHASE REQUIREMENTS AND INSTRUCTIONS

1. Proposed purchaser must complete this application in full along with attached application for occupancy.
2. This application must be accompanied by a copy of the sales contract.
3. A non-refundable One-Hundred Fifty (\$150.00) Dollar processing fee per person OR per married couple must accompany this application.
4. Please provide Proof of Income: 1 month of pay stubs PLUS 2 months of bank statements.
5. The Association requires that this completed application be presented for consideration at least thirty (30) days prior to closing date.
6. The Association requires a personal interview prior to final approval. It is the obligation of the applicant(s) to be available for this interview.
7. The Board strictly prohibits occupancy and closing prior to interview.
8. **No pets allowed at any time by owner(s) or their guests.**
9. Purchaser(s) must be members of one family or a single person. A single family is a husband and wife and their minor children.
10. No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, motorcycles, mopeds, etc. permitted on the premises.
11. All maintenance fees and assessments must be paid in full prior to closing.
12. The seller must provide the purchaser with a copy of all condominium documents.
13. Purchaser must notify the Association office with the exact date of their closing.
14. Occupancy Regulations:

One-bedroom apartment:	No more than 2 persons
Two-bedroom apartment:	No more than 4 persons
Three-bedroom apartment:	No more than 6 persons
15. No rentals permitted during the first twelve (12) months of ownership.

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INC.**

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Escrow and Financing Requirements

PALM AIRE 4 – Has Right of First Refusal (PACC4)

Buildings:	38, 39, 40, 41, 42, 44, 46, 47, 48, 49, 50	20% DOWN PAYMENT
Buildings:	43, 45, 51	10% DOWN PAYMENT

Letter of Escrow required regardless of whether it is cash or finance purchase.

PURCHASE APPLICATION

Page 1 of 2

All questions must be answered in full by the Purchaser for this application to be processed.

Date: _____ Bldg # _____ Apt # _____ Approximate Closing Date: _____

Owner's Name (Seller): _____ Telephone # _____

Present Address: _____

Name of Realtor Handling Sale: _____ Telephone # _____

Currently Tenant Occupied: Y / N If yes, lease expiration date: _____

***Please note: If the unit is tenant occupied at the time of purchase and the tenant is planning to stay until the end of the lease, the buyer and tenant understand that the tenant must vacate the unit at the end of the lease and the lease can not be renewed.**

Name of Prospective Purchaser (AS IT WILL APPEAR ON THE TITLE):

(A) _____ (B) _____

Minor children who will occupy the apartment with you:

_____	_____	_____	_____
Name	Birth Date	Name	Birth Date
_____	_____	_____	_____
Name	Birth Date	Name	Birth Date

Other persons who will occupy the apartment with you:

_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship

Have you ever seasonally resided in Palm Aire before: _____ If yes, please state the name, address, and dates of residency.

Have you ever plead guilty to or been convicted of a crime? Yes _____ No _____

1. In making the foregoing application. I represent to the Board of Directors that the purpose for the purchase of an apartment at Palm Aire Country Club Condominium Association #4, Inc. is as follows:
Permanent Residence: _____ Seasonal Residence: _____ Other: _____
2. I hereby agree for myself and on behalf of all persons who may use the apartment which I seek to purchase that I will abide by all the restrictions contained in the by-laws, rules and regulations,

condominium documents, and restrictions which are or may in the future be imposed by Palm Aire Country Club Condominium Association #4, Inc.

3. I understand that there is a restriction on pets and that I may not bring a pet, nor may any guest, visitor or tenant bring a pet into Palm Aire Country Club Association #4, Inc. nor acquire one, either temporarily or permanently after occupancy.
4. I understand that the acceptance for purchase of an apartment at Palm Aire Country Club Condominium Association #4, Inc. is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of the information on these forms will result in the automatic rejection of this application.
5. I understand that the Board of Directors of Palm Aire Country Club Condominium Association #4, Inc. may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly I authorize the Board of Directors or their agents to make such investigation and agree that the information contained in this and attached application may be used in such investigation, and that the Board of Directors and officers of Palm Aire Country Club Condominium Association #4, Inc. itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

In making the foregoing application, I am aware that the decision of Palm Aire Country Club Condominium Association #4, Inc. will be final and no reason will be given for any action taken by the Board of Directors.

Buyer's Signature _____ Buyer's Signature _____

Print Name _____ Print Name _____

Present Address _____

Telephone: _____ Telephone: _____

Email Address: _____

THIS DOCUMENT MUST BE NOTARIZED

Sworn to and subscribed before me this _____ day of _____, _____ by
_____ who is personally known to me ___ or produced identification ___ .

Notary Public

My Commission Expires:

FOR BOARD OF DIRECTORS' USE

Date Approved _____

Date Disapproved _____

Board Member's Signature _____

NOTE: Complete all questions and fill in all blanks. If any question is not answered or left blank, this application may be returned, not processed, and/or not approved. Print legibly or type all information. Missing information will cause delays. All information on this application will be verified.

**THIS APPLICATION IS FOR A SINGLE PERSON, MARRIED COUPLE, OR DOMESTIC PARTNERSHIP ONLY.
ADULTS (18 YEARS OR OLDER) MUST SUBMIT AN APPLICATION ALONG WITH APPLICATION FEE.**

APPLICATION FOR OCCUPANCY

Client: **PALM AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION #4, INC.**

PROPERTY INFORMATION

PURCHASE LEASE

PROPERTY ADDRESS: _____ BLDG: _____ UNIT: _____

APPLICANT'S INFORMATION

SINGLE MARRIED DIVORCED

NAME: _____ MAIDEN NAME: _____

DATE OF BIRTH: _____ SOC. SEC. #: _____ (REQUIRED)

CELL #: _____ WORK PH: _____ HOME PH#: _____

EMAIL ADDRESS: _____

APPLICANT'S EMPLOYER: _____ PHONE: _____

ADDRESS: _____

HOW LONG: _____ POSITION: _____ MONTHLY INCOME: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

IF YES, DATE(S): _____ COUNTY/STATE CONVICTED IN: _____

CHARGES: _____

CO-APPLICANT'S INFORMATION

NAME: _____ MAIDEN NAME: _____

DATE OF BIRTH: _____ SOC. SEC. #: _____ (REQUIRED)

CELL #: _____ WORK PH: _____ EMAIL: _____

CO-APPLICANT'S EMPLOYER: _____ PHONE: _____

ADDRESS: _____

HOW LONG: _____ POSITION: _____ MONTHLY INCOME: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

IF YES, DATE(S): _____ COUNTY/STATE CONVICTED IN: _____

CHARGES: _____

RESIDENCE HISTORY *PLEASE PRINT FULL ADDRESS INCLUDING UNIT/APT NUMBER, CITY, STATE, & ZIP CODE*

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ FROM: _____ TO: _____

OWN RENT PARENT/FAMILY MEMBER OTHER RENT/MORTGAGE: \$ _____

NAME OF LANDLORD: _____ PHONE: _____

MORTGAGE HOLDER: _____ MORTGAGE NO.: _____

PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ FROM: _____ TO: _____

OWN RENT PARENT/FAMILY MEMBER OTHER RENT/MORTGAGE: \$ _____

NAME OF LANDLORD: _____ PHONE: _____

MORTGAGE HOLDER: _____ MORTGAGE NO.: _____

BANK INFORMATION

BANK NAME: _____ ACCT. #: _____ HOW LONG? _____

ADDRESS: _____ PHONE: _____

CHARACTER REFERENCES

NAME: _____ RESIDENCE PHONE: _____ BUSINESS PHONE: _____

ADDRESS: _____ CELL PHONE: _____

NAME: _____ RESIDENCE PHONE: _____ BUSINESS PHONE: _____

ADDRESS: _____ CELL PHONE: _____

NAME: _____ RESIDENCE PHONE: _____ BUSINESS PHONE: _____

ADDRESS: _____ CELL PHONE: _____

VEHICLE INFORMATION

NUMBER OF CARS (INCLUDING COMPANY CARS): _____

DRIVER'S LICENSE NUMBER (PRIMARY APPLICANT): _____ STATE: _____

DRIVER'S LICENSE NUMBER (CO-APPLICANT): _____ STATE: _____

VEHICLE #1 MAKE: _____ MODEL: _____

TYPE: _____ YEAR: _____ LICENSE PLATE NO.: _____

VEHICLE #2 MAKE: _____ MODEL: _____

TYPE: _____ YEAR: _____ LICENSE PLATE NO.: _____

IF THIS APPLICATION IS NOT LEGIBLE OR IS NOT COMPLETELY AND ACCURATELY FILLED OUT, SCOTT ROBERTS & ASSOC. AND THE ASSOCIATION WILL NOT BE LIABLE OR RESPONSIBLE FOR ANY INACCURATE INFORMATION IN THE INVESTIGATION AND RELATED REPORT (TO THE ASSOCIATION) CAUSED BY SUCH OMISSIONS OR ILLEGIBILITY.

BY SIGNING, THE APPLICANT RECOGNIZES THAT THE ASSOCIATION AND SCOTT ROBERTS & ASSOC. WILL INVESTIGATE THE INFORMATION SUPPLIED BY THE APPLICANT AND A FULL DISCLOSURE OF PERTINENT FACTS WILL BE MADE TO THE ASSOCIATION. THE INVESTIGATION MAY BE MADE OF THE APPLICANT'S CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, CREDIT STANDING, AND POLICE ARREST RECORD. THIS FORM IS FOR THE EXCLUSIVE USE OF SCOTT ROBERTS & ASSOCIATES, LLC.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

SCOTT-ROBERTS AND ASSOCIATES, LLC

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Campbell Property Management (“the Company”) may obtain information about you from a consumer reporting agency for **tenant screening** purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (“driving records”), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for residency is an investigation into your education and/or employment history conducted by **Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Lake Worth, Florida 33461, (888) 605-4265, www.scottrobertsassociates.com** (“Agency”), or another outside organization. **One form per applicant.** You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. By signing this document you agree you have read and understand this disclosure.

Consumer’s Signature

Print Consumer’s Name

Sign
Here

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my tenancy, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or other party to furnish any and all background information requested by **Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Lake Worth, Campbell Property Management, and/or Campbell Property Management** itself. I agree that a facsimile (“fax”) or electronic or photographic copy of this Authorization shall be as valid as the original.

State of Washington applicants and/or residents only: You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.

New York applicants and/or residents only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

California applicants and/or residents only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Sign
Here

Signature: _____

Date: _____

Note: ONE PERSON PER SIGNED AUTHORIZATION FORM. Please include copy of driver’s license and Social Security Card to confirm identity. If you do not have a social security card, please include a copy of your passport and current identification card.

NOTICE OF INTENTION TO SELL APARTMENT

Date: _____

To: **Palm Aire Country Club Condominium Association #4, Inc.**

In accordance with the provisions of Articles _____ of the Declaration of Condominium of Palm Aire Country Club Condominium Association #4, Inc. as recorded in the Public Records of Broward County, Florida as amended by any amendments and supplemental Declarations thereto, you are hereby notified that I/we desire to accept a bona fide offer made to me/us by:

_____ to purchase my/our private apartment Unit No. _____ in Building No. _____

-----VALUES-----

Per Broward County Property Appraiser: "We rely heavily on the forms which are presented to Broward County Recording Division when deeds are recorded. These forms tell us whether there was personal property or unusual terms of sale involved with a particular transaction. The documentary stamp tax on deeds applies only to real estate, so buyers and sellers of property should be certain not to stamp the deed for anything other than real estate." Therefore, all personal property included in the sale must be separately valued as shown below. The documentary stamps on the recorded deed must conform to this valuation.

I/we are selling my/our apartment (CHECK ONE): Furnished Unfurnished

The price offered by the prospective purchaser is:

Selling price furnished: \$ _____

Value of personal property included in sale: \$ _____

Selling price unfurnished: \$ _____

The association has the right to inspect units to confirm the fair market value of the real and personal property. The inspection of the apartment will be made at a mutually convenient time.

A Condominium Purchase Application, completed by the above named prospective purchaser(s) is herewith submitted to you with this Notice, along with the required \$150 processing fee. This fee is non-refundable and does not in any way constitute approval of this transaction. The information supplied will enable you to determine the eligibility of the purchaser(s). I/we will provide a copy of the Condominium Documents to the purchaser. I/we are aware that the Association has thirty (30) days to approve or disapprove this transaction. Upon receipt from you of your written approval, I/we will then proceed to sell this apartment.

ALL MAINTENANCE ASSESSMENTS MUST BE CURRENT.

Owner: _____

Owner: _____

Phone Number: _____

Phone Number: _____