GROSVENOR
OF PELICAN BAY

6001 Pelican Bay Blvd # 200
Naples, FL 34108

BUYER'S AGENT: RETURN ALL COMPLETED FORMS TO:
Support@GrosvenorOfPelicanBay.ORG

Dear Applicant,

Thank you for your interest in obtaining ownership at Grosvenor of Pelican Bay. To proceed, you will need to provide personal information for all adults in the application, which will be used by the Grosvenor Board of Directors, to review and either approve or disapprove the application. **All documents must be submitted by the Buyer's Agent.** No paperwork should be submitted by the Buyer.

THIS IS YOUR CHECK-OFF SHEET.

READ: WHEN ALL BOXES ARE CHECKED OFF BY YOU, SEND ALL TOGETHER IN ITS ENTIRETY TO THE EMAIL ADDRESS ABOVE.

- ☐ Application (4-page packet)
- ☐ Fully executed Sales Agreement
- ☐ Owner Contact Information Sheet
- ☐ 4 required reference **letters (2 Banking and 2 Personal - REQUIRED)**
- ☐ Background Screening Application ($65 per person)
- ☐ $150 application fee payable to: **Grosvenor of Pelican Bay**

All background checks are provided by *Applicant Information*. Applicants will be contacted by them via email with directions on how to submit personal data electronically. Grosvenor will receive a credit report, criminal history, and verification of current residence for each applicant. This is in addition to the information provided to us in the application. https://www.ftc.gov/legal-library/browse/statutes/fair-credit-reporting-act

Once the ***completed*** application packet is received, it will be reviewed by the Board of Directors. The Grosvenor governing documents give the Board 20 days in which to approve or disapprove a purchase application, and up to 60 days to approve or disapprove a unit transfer by sale, gift, or other conveyance.

Sincerely,

Grosvenor of Pelican Bay Management

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239-597-2418

PURCHASE APPLICATION - PURCHASER INFORMATION

Unit #: _____ Parking Space(s) #: _____ and _____

Unit Owner(s):: _____

Applicant Name(s): _____

Applicant Mailing Address: _____

Preferred Phone: _____ Cell: _____ Landline: _____ First Name: _____

Preferred Phone: _____ Cell: _____ Landline: _____ First Name: _____

Email Address: _____ Email Address: _____

Occupation/Profession: _____

Spouse Occupation/Profession: _____

Children's Name(s): _____ Age(s) (if residing in the unit): _____

Purchase Closing Date: _____

☐ I have received, read and will comply with all The Grosvenor Rules and Regulations
☐ I will comply with the Condominium Documents and Bylaws

Print Name: _____ Date: _____

Signature(s): _____ and _____

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PURCHASE APPLICATION - PERSONAL AND BANKING REFERENCES

Purchaser # 1 Name: _____ Preferred Phone: _____
Mailing Address: _____
Email Address: _____

Purchaser # 2 Name: _____ Preferred Phone: _____
Mailing Address _____

BANKING REFERENCES *(A reference letter is required to be attached from each listed below)*

Name: _____ Phone: _____
Address: _____
Contact: _____

Name: _____ Phone: _____
Address: _____
Contact: _____

PERSONAL REFERENCES *(A reference letter is required to be attached from each listed below)*

Name: _____ Phone: _____
Address: _____
Contact: _____

Name: _____ Phone: _____
Address: _____
Contact: _____

We hearby agree that if we are approved as Lessees pursuant to this application, we will abide by and be subject to the Rules and Regulations of the Grosvenor of Pelican Bay Condominium Association.

Signature of Buyer: _____ Date: _____
Signature of Buyer: _____ Date: _____

A $150 processing fee is required with each application.

Make check payable to: Grosvenor Condominium Association

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CONDOMINIUM ASSOCIATION APPROVAL TO PURCHASE

PRINT CLEARLY

The following individual(s) have requested to purchase unit # _____

Purchaser's Name(s) _____

Email Address (Print clearly): _____

Purchaser # 2 Name: _____

Purchaser # 2 Email Address (Print clearly): _____

BOARD / MANAGEMENT DECISION

Purchase Approved? Yes: _____ No: _____

Additional Comments:

_____

_____

_____

Association President/Board Member: _____ Date: _____

Community Association Manager: _____ Date: _____

Unit Owner Contact Information

Today's Date: _____

Unit # _____ Unit Owner Name(s) _____

Primary Residence? _____ Secondary Residence? _____

Unit Address _____

Primary (Mailing) Address (for invoices) _____

Primary Cell Phone Number _____ Mr. ____ Mrs ____

Secondary Cell Phone Number _____ Mr. ____ Mrs ____

Email Address : _____ Mr. ____ Mrs ____

Email Address : _____ Mr. ____ Mrs ____

Permission to share email addresses? Yes _____ No _____

Permission to add phone number(s) to Call Box Directory? Yes _____ No _____

Person(s) authorized to enter unit:

Name: _____ Cell: _____

Name: _____ Cell: _____

Name: _____ Cell: _____

Home Watch:

Name: _____ Cell: _____

Home Watch Frequency: _____

EMERGENCY CONTACT IF UNIT OWNER CAN'T BE REACHED

Name: _____ Relationship: _____

Phone: _____ Alternate Phone # : _____

Parking Space(s): _____ and _____ Rented Space(s) if any _____

Auto(s) Year, Make and Model: _____

Auto keys left with office? _____