

6001 Pelican Bay Blvd # 200 Naples, FL 34108

Dear Applicant,

Thank you for your interest in obtaining membership or occupancy at Grosvenor of Pelican Bay Condominium Association. 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.

| | Application (4-page packet) |
|---|--|
| | Fully executed sales agreement |
| | 4 required reference letters (2 Credit and 2 Personal) |
| | Background Screening Application (\$34 per person) |
| П | \$150 application fee payable to: Grosvenor of Pelican Bay |

Include the following when turning in for approval:

All background checks are provided by a third-party organization named **Applicant Information**. Applicants will be contacted by them via email with directions on how to submit personal data electronically. Grosvenor does not receive or keep social security numbers, dates of birth, or driver's license numbers. 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. A complete disclosure of fair credit reporting rights will be given to the applicant, including how to obtain copies of reports generated by Applicant Information. A copy of the Fair Credit Reporting Act guideline is available from the Grosvenor office or on our webpage.

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.

If we can be of service, feel free to let us know.

Best to you,

Grosvenor of Pelican Bay Management

Grosvenor Management



6001 Pelican Bay Blvd # 200 Naples, FL 34108 239-597-2418

PURCHASE APPLICATION - PURCHASER'S 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 CREDIT REFERENCES

| Purchaser # 1 Name: | Preferred Phone: |
|---|---|
| Mailing Address: | |
| Email Address: | |
| | |
| Purchaser # 2 Name: | Preferred Phone: |
| Mailing Address | |
| | |
| CREDIT REFERENCES (A reference le | tter 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 t | 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 purcha | se unit # |
|--|--------------------|
| Purchaser's Name(s) | |
| | |
| Email Address (Print clearly): | |
| Purchaser # 2 Name: | |
| Purchaser # 2 Email Address (Print clearly): | |
| | |
| | |
| | |
| BOARD / MA | ANAGEMENT DECISION |
| Purchase Approved? Yes: No: _ | |
| Additional Comments: | |
| | |
| | |
| | |
| Association President/Board Member: | Date: |
| Community Association Manager: | Date: |

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