

PALM AIRE COUNTRY CLUB CONDOMINIUM #3

c/o Campbell Property Management
3500 Gateway Drive Suite 202
Pompano Beach, FL 33069
Phone: 954-968-4481

APPLICATION CHECKLIST (SALES)

	<u>Page No.</u>
Application & Document Requirements	1-3
Notice of Intention to Sell Apartment (must be filled out and signed by owner)	4
Certification of Rules and Regulations	5
Acknowledgement of "No Pet" Rule	6
Application for Occupancy	7-8
Authorization Form	9
Copy of Driver's License, Passport, etc.	

ATTACHMENT OF RULES & REGULATIONS TO BE GIVEN TO APPLICANT

ADDITIONAL DOCUMENTS REQUIRED: Please attach a legible copy of the following required documents:

- Copy of the Sales Contract, signed by all parties
- Last 2 paycheck stubs
- Last 3 bank statements
- Copies of picture ID
- Last tax return

All monies must accompany the application. There is a non-refundable \$150.00 application fee for any person 18 years or older or per married couple.

All information must be filled out and signed by applicant and unit owner. Any application that is incomplete will be returned and not accepted for processing. If the packet is returned to you, the process does not start until it is deemed complete. There will be no rush application package accepted.

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APPLICATION FOR PURCHASE OR TRANSFER

INSTRUCTIONS

1. Credit score required for approval in the association is 700 or greater.
2. This application and the attached application for occupancy and authorization forms must be completed in detail by each proposed PURCHASER, other than husband/wife or dependent child (which is considered one applicant).
3. The Association has 30 days to complete its processing from the date of receipt of a fully completed application, all fees and any supplemental information required. If questions are not answered adequately or left blank, this application WILL be returned, not processed, and not approved.
4. The Seller must provide the purchaser with a copy of all Condominium Documents, Amendments, and Rules & Regulations.
5. All applicants must make themselves available for personal interview prior to final Board of Directors approval. Occupancy prior to Board approval is prohibited.
6. Purchaser must notify the Association of the closing date and supply a copy of the Warranty Deed and Settlement Statement to the Management office immediately upon closing.

ADDITIONAL DOCUMENTS REQUIRED: Please attach a legible copy of the following required documents:

1. Copy of the Sales Contract, signed by all parties
2. Last 2 paycheck stubs
3. Last 3 bank statements
4. Last tax return

FEES REQUIRED

1. A **\$150.00** non-refundable application fee for single individuals 18 years or older or married couples must be attached to this application, made payable to: **PALM-AIRE COUNTRY CLUB ASSOCIATION NO. 3, INC.**
2. Estoppel & Mortgage Questionnaire must be obtained through Campbell Property Management.

Acceptance of the processing fee does not in any way constitute approval of this transaction.

OCCUPANCY RESTRICTIONS

1. **No pets allowed at any time.**
2. No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, motorcycles, mopeds, etc. permitted on the Condominium premises.
3. Use of this unit is for single family residence only.
4. No more than two (2) occupants per bedroom.
5. No rentals in the first year of ownership.
6. No corporate ownership allowed.
7. Condominiums: Condo 24 (Bldgs. 24, 25, and 26); Condo 27 (Bldg. 27); Condo 28 (Bldgs. 28, 28T, and 29); Condo 30 (Bldg. 30); Condo 31 (Bldg. 31); Condo 32 (Bldgs. 32 and 33); Condo 34 (Bldg. 34); Condo 35 (Bldgs. 35 and 35T); and Condo 36 (Bldgs. 36 and 36A) require a minimum twenty percent (20%) down payment of the sales or purchase price.

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MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

THIS DOCUMENT MUST BE NOTARIZED

Date: _____ Bldg. #: _____ Unit #: _____ Approx. Closing Date: _____

Seller's Name: _____ Tel. #: _____

Name of Realtor Handling Sale: _____ Tel. #: _____

Fax #: _____ Email: _____

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 PURCHASER(S) (as it will appear on the title):

a. _____ b. _____

CHILDREN who will occupy the apartment with you:

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

OTHER PERSONS who will occupy the apartment with you:

Name	Age	Relationship/Occupation
_____	_____	_____
_____	_____	_____

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AGREEMENT:

1. In making the foregoing application, I represent to the Board of Directors that the purpose of the purchase of an apartment in Palm-Aire Country Club Condominium Association No. 3, Inc. is as follows:

Permanent Residence: _____ Seasonal Residence: _____ Investment for Rental: _____ 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 No. 3, Inc.
3. I have received a copy of all Condominium Documents: Yes _____ No _____
I have received a copy of the Condominium Rules & Regulations: Yes _____ No _____
4. I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. I understand that the Association has 30 days from the date of this application and any supplemental information required by the Association is received in which to approve or deny this application.
5. 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 No. 3, Inc. nor acquire one, either temporarily or permanently after occupancy.
6. I understand that I may have guests or visitors for no more than fourteen (14) days in any calendar year when I am not present. Association must be informed two (2) weeks before guest arrival.
7. I understand that the acceptance for purchase of an apartment at Palm Aire Country Club Condominium Association No. 3, 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. Occupancy prior to Board of Directors approval is prohibited.
8. I understand that the Board of Directors of Palm Aire Country Club Condominium Association No. 3, Inc. may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specially authorize the Board of Directors, Management, and the Investigative company to make such investigation, and that the Board of Directors, Officers, and Management of Palm Aire Country Club Condominium Association No. 3, 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 No. 3, Inc. will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

Applicant's Signature _____ Applicant's Signature _____

Current Address _____

Telephone _____ Email _____

THIS DOCUMENT MUST BE NOTARIZED

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

Notary Public

My Commission Expires:

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NOTICE OF INTENTION TO SELL APARTMENT

Date: _____

To: Palm-Aire Country Club Condominium Association No. 3, Inc.

In accordance with the provisions of the Declaration of Condominium of Palm Aire Country Club Condominium Association No. 3, 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:

Name of prospective buyer: _____

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

Note: If apartment is being sold furnished, a value of the furnishings MUST be stated.

The price offered by the prospective purchaser is:

Selling price furnished: \$ _____

Value of personal property included in sale: \$ _____

Selling price unfurnished: \$ _____

A Condominium Purchase Application, completed by the above named prospective purchaser(s) is herewith submitted to you with this Notice, along with the required 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 a period of thirty (30) days in which to approve or disapprove this transaction. Upon receipt from you of your written approval, I/we will then proceed to sell this apartment. Acceptance of application fee does not constitute approval of this transaction. An inspection of the apartment may be made at a mutually convenient time.

Seller/Owner's Signature: _____ Seller/Owner's Signature: _____

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CERTIFICATION OF RULES & REGULATIONS

I HEREBY CERTIFY THAT I HAVE RECEIVED AND READ THE RULES & REGULATIONS OF
PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION NO. 3, INC. AND THAT I
AGREE TO ABIDE BY THE RULES & REGULATIONS OF THE ASSOCIATION.

BUILDING #: _____ UNIT #: _____ DATE: _____

BUILDING ADDRESS: _____

BUYER'S SIGNATURE

BUYER'S SIGNATURE

**PLEASE KEEP THE RULES & REGULATIONS FOR YOUR RECORDS AND RETURN THIS
FORM ALONG WITH YOUR APPLICATION**

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ACKNOWLEDGEMENT OF "NO PET" RULE

I/We _____, purchaser(s)/tenant(s) of Bldg. _____ in Unit _____ understand and acknowledge that the Palm-Aire Country Club Condominium Association No. 3, community has a "No Pet" rule. I understand and acknowledge that pursuant to the governing documents and the Rules & Regulations for the community, no pets of any kind may be kept or harbored in any unit or on the common property of the Association. I agree that I will not bring animals, including but not limited to, birds, cats, dogs, or ferrets, into any unit in the community or on to the common property of the Association. In the event that I violate any provision of the governing documents or the Rules & Regulations, including the prohibition against pets, I agree to reimburse the Association for any and all attorneys' fees and costs that it may incur in an effort to enforce the provisions of the governing documents and Rules & Regulations.

Applicant: _____
(Print Name)

Signature: _____
(Applicant)

Applicant: _____
(Print Name)

Signature: _____
(Applicant)

Date: _____

READ FIRST: Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded. Rev. 06/2014

**** THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! ****

APPLICATION FOR OCCUPANCY

Association Name: Palm Aire Country Club Condo Assoc. No. 3, Inc.

Circle one: Purchase - Lease - Occupant - Unit.# _____ Bldg.# _____ Address applied for: _____

Full Name _____ Date of Birth _____ Social Security # _____

Circle One: Single - Married - Separated - Divorced - How Long? _____ Other legal or maiden name _____

Have you ever been convicted of a crime? _____ Date (s) _____ County/State Convicted in _____

Charge (s) _____

Applicant's Cell Number(s) _____ Applicant's Email Address _____

Spouse _____ Date of Birth _____ Social Security # _____

Other legal or maiden name _____ Have you ever been convicted of a crime? _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

Spouse's Cell Number(s) _____ Spouse's Email Address _____

No. of people who will occupy unit - Adults (over age 18) _____ Description of Pets NOT APPLICABLE - NO PETS ALLOWED

Names and ages of others who will occupy unit _____

In case of emergency notify _____ Address _____ Phone _____

PART I - RESIDENCE HISTORY

A. Present address _____ Phone _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Are you on the Lease? _____ If not, who is the leaseholder? _____ Are you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

B. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

C. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

PART II – EMPLOYMENT REFERENCES

Include a recent copy of an earnings statement to expedite processing

A. Employed by _____ Phone _____

Dates of Employment: From: _____ To: _____ Position _____ Fax _____

Monthly Gross Income _____ Address _____

B. Spouse Employed by _____ Phone _____

Dates of Employment: From: _____ To: _____ Position _____ Fax _____

Monthly Gross Income _____ Address _____

PART III – BANK REFERENCES

Include a recent copy of a bank statement to expedite processing

A. Bank Name _____ Checking Acct. # _____ Phone _____

Address _____ Fax _____

B. Bank Name _____ Savings Acct. # _____ Phone _____

Address _____ Fax _____

PART IV – CHARACTER REFERENCES (No Family Members)

1. Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address _____ Cellular Phone _____

2. Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address _____ Cellular Phone _____

3. Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address _____ Cellular Phone _____

4. Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address _____ Cellular Phone _____

Are you using a realtor? Yes _____ No _____ If yes: Realtor's name _____

Email Address _____ Cellular Phone _____

Driver's License Number (Primary Applicant) _____ State Issued _____

Driver's License Number (Secondary Applicant) _____ State Issued _____

Make _____ Type _____ Year _____ License Plate No. _____

Make _____ Type _____ Year _____ License Plate No. _____

If this application is not legible or is not completely and accurately filled out, Associated Credit (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 Associated Credit 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, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____

ASSOCIATED CREDIT REPORTING, INC.

Established 1985

4690 NW 103rd Avenue, Sunrise, Florida 33351
www.associatedcreditreporting.com

AUTHORIZATION FORM

I/We hereby authorize Associated Credit Reporting, Inc. to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY. If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

(Applicant's Signature)

(Spouse's Signature)

(Applicant's Name Printed)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)