PAVILION CLUB

806 Gulf Pavilion Dr., Naples, FL 34108
Email: Manager@PavilionClubNaples.com
(239) 566-8010

APPLICATION FOR APPROVAL TO PURCHASE

I/We hereby apply for approval to ***purchase*** unit _____ in building _____ at the Pavilion Club Condominiums, and for membership in the Pavilion Club Condominium Association, Inc.

I/We represent that the following information is factual and correct, and agree that any falsification, misrepresentation or incomplete information in this application will justify its disapproval. I/We consent to your further inquiry concerning this application, particularly to the references given below and a criminal and financial background check.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:
(Do not leave any boxes blank, write N.A. if not applicable)

Applicant 1			
Name:		Date of Birth:	DL State and #:
Home Phone:	Cell Phone:	*Email:	
Home Street Address:	City	State	ZIP

This mailing address will be used for all notices regarding this application unless otherwise requested.

Do you have a SSN or EIN? Yes No If No, please complete item 4 on page 3.

Company/Firm Name:	Nature of Business or Profession:

Applicant 2:			
Name:		Date of Birth:	DL State and #:
Home Phone:	Cell Phone:	*Email:	
Home Street Address:	City	State	ZIP

Do you have a SSN or EIN? Yes No If No, please complete item 4 on page 3.

Company/Firm Name:	Nature of Business or Profession:

If the prospective DEEDED OWNER of the unit will be a Corporation, Partnership, Trust or other legal entity, enter the name of the legal entity that will be the DEEDED OWNER:

(Refer to page 3 for more information: DECLARATION OF CONDOMINIUM, Section 14 – OWNERSHIP OF UNITS)

Pavilion Club Condominium documents restrict units to use as single-family residences only. Please list the name, relationship, and age of all people who will occupy your unit on a regular basis in addition to the applicants above. Any person over the age of 18 will be required to complete a background and/or criminal check.

Name:	Relationship:	Age:
*Email Address (if over 18):		

This form available online for download.
On pavilionclubnaples.com, navigate to Rentals & Sales. On pc.myHOAst.com, navigate to My Community>Documents>Forms.

I am purchasing this unit with the intention to: (please check all the following that apply):				
☐ Reside here full-time		☐ Reside here part-time	☐ Lease the unit	
Motor Vehicle (s) to be kept at Pavilion Club:				
Year	Make	Model	Plate (State & #)	Color
Current or most recent landlord: (If you own your current home, enter "Own Home".)				
Name:			Phone:	
Address:		City	State	ZIP
Two personal references (local if possible):				
1. Name:			Phone:	
Address:		City	State	ZIP
2. Name:			Phone:	
Address:		City	State	ZIP
Two credit references (local if possible):				
1. Name:			Account #:	
Address:		City	State	ZIP
2. Name:			Account #:	
Address:		City	State	ZIP
Person to be notified in case of emergency:				
Name:			Phone:	
Address:		City	State	ZIP

By signing below, I certify that I am aware of and agree to abide by the Declaration of Condominium of the Pavilion Club Condominium, the Articles of Incorporation and Bylaws of the Association, and any and all properly promulgated rules and regulations. I acknowledge receipt of a copy of the Association rules. A complete copy of the signed Purchase & Sale contract is attached.

Applicant 1 Signature:	Date:
Applicant 2 Signature:	Date:

☐ APPROVED Date:	☐ DISAPPROVED Date:	BY:	TITLE:

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Instructions for completing the application process – retain this page for your information.

1. Please scan the completed Application for Approval to Purchase form and email it, along with a fully executed copy of the Purchase & Sale contract to: **PCNapplications@comcast.net.**
2. Please send a check payable to Pavilion Club Condo Association for $150.00 per applicant to Pavilion Club Condo Association, 806 Gulf Pavilion Drive, Naples FL 34108. (Spouses or a parent or parents and any dependent child are considered one applicant.) To avoid delays include applicants name, Building and Unit number in the memo section of the check.
3. **The above items must be received at least 20 days prior to proposed sale date for processing.**
4. ***Applicants without a U.S. SSN or Tax ID number (required to complete a national criminal background check) must provide:***

   a) certified copies of passport and U.S. visa/entry documents; and b) a notarized, self-certification affidavit sworn under penalty of perjury, disclosing no convictions of a felony involving violence to persons or property, a felony involving sale or possession of a controlled substance, a felony involving a minor(s) or sexual offense, or any felony involving fraud, deceit, theft, embezzlement or perjury**. See page 5 - Affidavit of Criminal History Self-Certification.** These should be mailed to the Pavilion Club at the address above. The Board reserves the right to require additional screening at the applicant's expense if the Board has reasonable concerns from the information collected in the core documentation.
5. ***Applicants with a US SSN*:** After the Association has received all required documents (legible and fully completed), a link will be sent via email to each applicant to begin the background check process. Please click on the link in the email received to provide the necessary information.
6. Within (10) days after receipt of all required information (including the completed background check) or interviews requested, or not later than sixty (60) days after the required notice of sale/transfer, whichever occurs first, the Association shall approve or disapprove the transfer.

DECLARATION OF CONDOMINIUM, Section 14 – OWNERSHIP OF UNITS

The transfer of ownership of a unit shall be subject to the following provisions:

14.1 Forms of Ownership:

A. One Person. A unit may be owned by one (1) natural person who has qualified and been approved as elsewhere provided herein.

B. Two or More Persons. Co ownership of units by two or more natural persons is permitted. However, the intent of this provision is to allow flexibility in estate, tax or financial planning, and not to create circumstances where the unit may be used as short-term transient accommodations for multiple families. If the co-owners are other than husband and wife, the Board shall condition its approval upon the designation of one (1) approved natural person as "primary occupant." The use of the unit by other persons shall be as if the primary occupant were the only actual owner. Any change in the primary occupant shall be treated as a transfer of ownership by sale or gift subject to the provisions of this Section 14. No more than one (1) such change will be approved in any twelve (12) month period.

C. Ownership by Corporations, Partnerships or Trusts. A unit may be owned in trust, or by a corporation, partnership or other entity which is not a natural person, if approved in the manner provided elsewhere herein. The intent of this provision is to allow flexibility in estate, financial or tax planning, and not to create circumstances in which the unit may be used as short term transient accommodations for several individuals or families. The approval of a trustee, corporation, partnership or other entity as a unit owner shall be conditioned upon designation by the owner of one (1) natural person to be the "primary occupant." The use of the unit by other persons shall be as if the primary occupant were the only actual owner. Any change in the primary occupant shall be treated as a transfer of ownership by sale or gift subject to the provisions of this Section 14. No more than one (1) such change will be approved in any twelve (12) month period.

D. Designation of Primary Occupant. Within 30 days after the effective date of this provision, each owner of a unit which is owned in the forms of ownership stated in preceding subsections 14.1(B) and (C) shall designate a primary occupant in writing to the Association. If any unit owner fails to do so, the Board of Directors may make the initial designation for the owner and shall notify the owner in writing of its action. If the ownership of a unit is such that the designation of a primary occupant is not required, the unit owner may nevertheless, choose one (1) subject to Board approval.

NOTE: If the prospective DEEDED OWNER is a Corporation, Partnership, Trust or other legal entity OR two or more persons other than husband and wife, complete and return the Primary Occupant Form on page 4.

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PAVILION CLUB CONDOMINIUM ASSOCIATION, INC.

DESIGNATION OF PRIMARY OCCUPANT FORM

Members of the Association are entitled to one (1) vote for each unit owned by them. The total number of possible votes is equal to the total number of units (156). The vote of a unit is not divisible.

If a unit is owned jointly by two (2) or more natural persons who are not acting as trustees, that unit's vote may be cast by any one (1) of the record owners. **For a unit owned by multiple persons (other than husband and wife), or units owned by trusts, partnerships, or corporations, the Designation of Primary Occupant Form, designating one (1) of the record owners, partners, officers or trustees as the primary occupant and voting representative for that unit, must be on file with the Association for purposes of determining voting and use rights.**

We, the undersigned, being all of the owners of Unit_____, Building _____, at the Pavilion Club Condominium, do hereby certify that the following named one (1) of us is the designated "primary occupant" of the foregoing unit and shall remain so until this certificate is revoked by subsequent certificate:

PRINT NAME OF PRIMARY OCCUPANT_____

SIGNED NAME_____ DATED_____

(Select the signature category below for your form of ownership and sign in appropriate spaces)

☐ **A. We are all NATURAL PERSONS who are owners of the above-described unit.**

_____ _____
Owner Name (printed) Owner Signature

_____ _____
Owner Name (printed) Owner Signature

☐ **B. We are the President or Vice-president, Secretary or Assistant Secretary of the CORPORATION named _____ which owns the above-described unit.**

_____ _____
President or Vice-president Name (printed) President or Vice-president Signature

_____ _____
Secretary or Assistant Secretary Name (printed) Secretary or Assistant Secretary Signature

☐ **C. I am a General Partner of the general or limited PARTNERSHIP named _____ which owns the above-described unit.**

_____ _____
General Partner Name (printed) General Partner Signature

☐ **D. I am the Trustee of the TRUST named _____ which owns the above-described unit.**

_____ _____
Trustee Name (printed) Trustee Signature

AFFIDAVIT OF CRIMINAL HISTORY SELF-CERTIFICATION

[FLORIDA CONDOMINIUM LEASE/TRANSFER APPLICATION]

I, _____, being first duly sworn, depose and state under oath as follows:

1. My date of birth is _____, and my current address is _____.
2. I am applying for [ ] purchase or [ ] lease of Unit #_____ at Pavilion Club Condominium Association, Inc., located in Naples, Collier County, Florida.
3. I have used the following other names or aliases (including maiden names or foreign names): _____
4. To the best of my knowledge and belief, I have [ ] not / [ ] been convicted of a dangerous felony(s) (or equivalent offense under foreign law), including but not limited to a felony involving violence to persons or property, a felony involving sale or possession of a controlled substance, a felony involving a minor(s) or sexual offense, or any felony involving fraud, deceit, theft, embezzlement or perjury, in any jurisdiction worldwide.
    - If checked "been convicted," provide details below (offense, date, jurisdiction, and disposition): **(To be completed in English)**

      _____
      _____
      _____
5. I understand that this affidavit is submitted to Pavilion Club Condominium Association, Inc. as part of the approval process under the Declaration of Condominium, and that false statements herein may result in denial of approval, lease termination, eviction, or legal action.
6. I authorize the Association to verify the information provided herein.

I swear (or affirm) that the foregoing statements are true and correct to the best of my knowledge, under penalty of perjury under the laws of the State of Florida.

Signature of Applicant: _____ Date: _____

Printed Name: _____

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of [ ] physical presence or [ ] online notarization, this _____ day of _____**, 20___**, by _____, who is personally known to me or who has produced _____as identification.

SEAL

_____
Notary Signature

_____
Printed Name