



APPLICATION FOR APPROVAL OF OWNERSHIP

ADDRESS: _____ BLDG #: _____ CONDO #: _____

All owners and occupants must be interviewed by the Association

Applicant Name: _____ Telephone Primary: _____

Name of Spouse: _____ Secondary: _____

Current Mailing Address: _____
Street City State Zip code

Applicant's Employer (present/previous): _____

Number of years: _____ Position: _____

Are you, or were you, an owner at On Top of the World? Yes () No ()

If yes: Bldg # _____ Condo# _____ Bldg # _____ Condo # _____ Bldg # _____ Condo # _____

Will at least one person residing in the condo be 55 years of age or older? Yes () No ()

Emergency Contacts (Provide three)

Please notify the Community Service Office of any changes when they occur.

Name: _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip code: _____ Telephone: _____

Name: _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip code: _____ Telephone: _____

Name: _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip code: _____ Telephone: _____

ADDRESS: _____ BLDG #: _____ CONDO#: _____

OCCUPANCY

- 1. I/We will: Reside full-time () Reside part-time () Lease () Not reside here ()

- 2. The condominium documents for the above-referenced condominium provide an obligation of unit owners that all condos be for single-family residence use only. Please list the name, relationship, and age of all other persons who will occupy the condo:

Name	Relationship	Age

Mailing address for all official Association correspondence (if different from OTOW address):

Street _____ City _____ State _____ Zip Code _____

Title company or attorney closing transaction:

Name: _____

Address:

Street _____ City _____ State _____ Zip Code _____

Telephone: _____

I/We hereby acknowledge that I/we understand and agree to the following:

- 1. On Top of the World Condominiums is an age-restricted community under the Federal Fair Housing Act and Florida Civil Rights Act and accordingly:
 - a. I/We will not permit the condo to be occupied unless at least one person occupying the condo is 55 years old or older and no one under the age of 17 shall reside in the condo.
 - b. I/We will only sell, lease or otherwise transfer the condo to a single purchaser who is at least 55 years old or to two or more purchasers where at least one of those multiple purchasers is at least 55 years old.

- 2. I/We may not refinance this home for more than 65% of the purchase price or appraisal, whichever is the lesser.

- 3. The condo shall not be used in any short-term shared or “interval ownership” manner between related or unrelated parties.

- 4. I/We agree that, in the event we elect to lease the condo, it will not be leased in a furnished condition for less than six (6) months and one (1) week, and if leased unfurnished, the lease term shall not be less than one (1) year.

- 5. In addition, I/we as owner(s) and the prospective renter(s) will complete and submit to the Association an Application for Lease Approval and required documents.

- 6. It is my/our obligation to carry sufficient insurance on the interior of the condo to cover the cost of replacement in the event of loss. Tenants/residents must carry renter’s insurance to cover their personal belongings.

ADDRESS: _____ BLDG #: _____ CONDO#: _____

7. I/We understand that the property being purchased is subject to membership in a mandatory condominium owners' association known as On Top of the World Community Association, Inc. ("Association"). The Association collects a community service fee, payable monthly. By signing the Application for Approval, I/we accept and agree to pay the community service fee through monthly automated clearing house debit (auto-debit) of a checking or savings account designated by me/us.
8. I/we are (in fact) the only person(s) involved in this transaction and will have sole interest in the property and avow that no other person(s) will have ownership or occupancy rights without the approval of the Board of Administration of the On Top of the World Owner Association.
9. I/We am/are aware of and agree to abide by the Declaration of Condominium, the Articles in Incorporation, Bylaws, and any and all property promulgated Rules & Regulations in effect within the terms of my ownership. I/we acknowledge all of the above noted documents are recorded in the public records of the Pinellas County courthouse and I/we have received the documents.
10. I/We state the information provided in this application is given voluntarily and is true. I/we agree that On Top of the World Association (or its assignee) may investigate my/our application for purposes that may help determine approval to purchase at On Top of the World Communities, Inc.

Applicant's Signature

Applicant's Signature

Print Name

Date of Birth

Print Name

Date of Birth

STATE OF _____

COUNTY OF _____

The foregoing was acknowledged before me this _____ day of _____, 20_____
by _____ who () is/are personally know to me or
who () produced _____ as identification.

Notary

Notary Seal

BELOW FOR ASSOCIATION USE ONLY:

Interviewed by: _____ Date: _____ Fee Paid: _____

Recommended: Yes () No () # of Activity Cards: _____ Resident Type(s): _____

Board of Directors Action: Accepted () Not Accepted ()

Signed

Date

COMMUNITY SERVICE FEE AUTO DEBIT AUTHORIZATION

ASSOCIATION NAME: ON TOP OF THE WORLD CONDOMINIUM ASSOCIATION, INC.

NAME(S) ON DEED: _____

OTOW PROPERTY ADDRESS: _____

EMAIL ADDRESS: _____

PRIMARY PHONE: _____

COMMUNITY SERVICE FEE ACCOUNT NUMBER: BLDG# _____ CONDO# _____

MONTH DEBIT TO BEGIN: _____

MONTHLY FEE AMOUNT FOR CURRENT BUDGET YEAR: \$ _____

NAME OF UNITED STATES FINANCIAL INSTITUTION: _____

NAMES ON ACCOUNT: _____

ROUTING #: _____ ACCOUNT #: _____

ACCOUNT TO BE DEBITED (please check one): CHECKING () SAVINGS ()

(For checking accounts, attach a voided check or a copy of your bank notification letter, which includes your account number. For savings accounts, attach a savings deposit slip)

I have included my bank account information and hereby authorize my financial institution to debit my account for the payment of my community service fees due to my Condominium Association. The auto debit will appear on my bank statement between the 5th and 10th working day of each month under the description of "Management Enterprises." I understand that this auto debit will remain in place until I notify my Condominium Association in writing of changes to banking information, 30 days prior to the use of new checking or savings accounts from which to debit. I also give the Association authority to increase/decrease the auto debit as the Board of Administration increases/decreases community service fees.

Signature: _____
(Only one signature required)

Date: _____

ATTACH VOIDED CHECK or SAVINGS DEPOSIT SLIP HERE