



APPLICATION FOR APPROVAL OF RESIDENCY

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#: _____

The following section must be signed by the owners of the condo before a notary in order for the application to be approved by the Board

I/We as owner(s) hereby acknowledge, understand, and agree to the following:

1. The residency applicant(s) has/have my/our permission to reside in the unit.
2. I/we have provided the residency applicant(s) with a copy of the Amended and Restated Rules of the On Top of the World Condominium Community, Inc. and agree to insure their compliance with the rules as a condition of occupancy.
3. In the event the applicant(s) ceases to reside in the unit, I/we am/are responsible for the immediate return of any issued Recreation Cards.

Owner's Signature _____

Owner'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: _____

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 this auto debit will remain in place until I notify my Condominium Association in writing of changes to banking information, 30 days prior of the use of new checking or savings account information from which to debit. I also give the Association authority to increase/decrease the auto debit as the Board of Administration increase/decreases community service fees.

Signature: _____
(Only one signature required)

Date: _____

ATTACH VOIDED CHECK or SAVINGS DEPOSIT SLIP HERE