

**ON TOP OF THE WORLD – DIRECT OWNER
APPLICATION FOR LEASE APPROVAL**

BUILDING NUMBER _____ APARTMENT NUMBER _____

OWNER(S) NAME _____

OWNER(S) HOME ADDRESS _____

CITY STATE ZIP

OWNER(S) TELEPHONE NUMBER(S) _____

HOME

CELL

THE FOLLOWING PROCEDURE MUST BE FOLLOWED PRIOR TO AN APPROVAL BEING ISSUED FOR THE LEASE OF A UNIT.

1. SUBMIT AN **ORIGINAL SIGNED LEASE AGREEMENT** FOR RETENTION BY ON TOP OF THE WORLD ASSOCIATION OR THE MANAGEMENT COMPANY
2. THE PROSPECTIVE TENANT(S) MUST RETURN THIS **COMPLETED AND NOTARIZED APPLICATION** ONE WEEK PRIOR TO SETTING A PERSON/TELEPHONE INTERVIEW **IF/WHEN** THE ASSOCIATION CHOOSES TO ESTABLISH THIS PROCEDURE.
3. EACH PROSPECTIVE TENANT MUST PROVIDE A **COPY OF STATE DRIVER'S LICENSE OR STATE I.D.**
4. **A PROCESSING FEE OF \$50.00** MADE PAYABLE TO SIDNEY COLEN & ASSOCIATES (SCA) MUST ACCOMPANY THIS APPLICATION. SAID FEE IS NON-REFUNDABLE.
5. THE CURRENT TENANT MUST RETURN RECREATION CARD.
6. **SUBMIT ALL DOCUMENTS** (ORIGINAL LEASE, APPLICATION FOR LEASE APPROVAL, COPY OF ID, AND CHECK) TO: ON TOP OF THE WORLD REC. CARD DEPT., 2069 WORLD PARKWAY BLVD. EAST, CLEARWATER, FL 33763. YOU MAY ALSO SUBMIT PAPERWORK TO THE COMMUNITY SERVICE OFFICE LOCATED AT THE SAME ADDRESS LISTED ABOVE.
7. **IF CORRECT PROCEDURE HAS BEEN FOLLOWED**, TENANT ACTIVITY CARDS MAY BE OBTAINED IN THE COMMUNITY SERVICE OFFICE AT THE EAST SIDE ACTIVITIES CENTER MONDAY THRU FRIDAY 8:30AM TO 3:00PM. THE COMMUNITY SERVICE OFFICE IS CLOSED FROM 12:00PM TO 12:30PM. PLEASE ALLOW FIVE (5) BUSINESS DAYS AFTER SUBMISSION OF APPLICATION FOR PROCESSING. FEDERAL HOLIDAYS WILL BE OBSERVED.

***PLEASE BE ADVISED THAT FORMAL REGISTRATION AT ON TOP OF THE WORLD CANNOT BE COMPLETED UNTIL ALL INFORMATION LISTED BELOW AND THE NEXT PAGE HAS BEEN COMPLETED. PLEASE PRINT.

1ST APPLICANT _____ TELEPHONE # _____ HM/CELL _____

2ND APPLICANT _____ TELEPHONE # _____ HM/CELL _____

PRESENT MAILING ADDRESS _____

CITY

STATE

ZIP

APPLICANTS EMPLOYER (PRESENT/ PREVIOUS) _____ NO. OF YRS _____

EMPLOYERS ADDRESS _____ POSITION _____

WERE YOU EVER AN OWNER AT ON TOP OF THE WORLD _____ YES; YEAR _____ BLDG _____ APT# _____

REVISED 4/5/18

EMERGENCY REFERENCE: CLOSEST RELATIVE OR FRIEND

NAME _____ RELATIONSHIP _____

ADDRESS _____

STREET

CITY

STATE

ZIP

TELEPHONE NUMBER _____ HM/ CELL

EMERGENCY REFERENCE: NEXT CLOSEST RELATIVE OR FRIEND

NAME _____ RELATIONSHIP _____

ADDRESS _____

STREET

CITY

STATE

ZIP

TELEPHONE NUMBER _____ HM/ CELL

EMERGENCY REFERENCES: ADDITIONAL

_____ TELEPHONE # _____

_____ TELEPHONE # _____

TRADE REFERENCE: NAMES/ LOCATION – BANKS, CHARGE CARDS, ETC.

1. _____

2. _____

CHARACTER REFERENCE: NAMES AND ADDRESSES OR TELEPHONE NUMBER

1. _____

2. _____

WILL AT LEAST ONE PERSON RESIDING IN THE DWELLING BE 55 YEARS OF AGE OR OVER? YES _____ NO _____

DATE OF BIRTH APPLICANT #1 _____

DATE OF BIRTH APPLICANT #2 _____

THE ABOVE INFORMATION IS GIVEN VOLUNTARILY AND I (WE) AGREE THAT ON TOP OF THE WORLD ASSOCIATION (OR ITS DESIGNEE MAY INVESTIGATE OUR APPLICATION, INCLUDING BADKGROUND AND CREDIT CHECK (S), FOR PURPOSES THAT MAY HELP DETERMINE APPROVAL TO LESE AT THE ON TOP OF THE WORLD COMMUNITY BY ME (US).

WE (I) ASK THE ON TOP OF THE WORLD ASSOCIATION OR THEIR ASSOCIATES (AGENT) TO APPROVE US (ME). WE (I) STATE THE FACTS HEREIN GIVEN ARE TRUE AND YOU MAY RELY UPON THESE FACTS, PLUS THE SIGNED AND EXECUTED LEASE CONTRACT ALSO SUBMITTED AS A TRUE CONTRACT.

WITNESSES:

APPLICANTS SIGNATURE(S)

MAILING ADDRESS AFTER LEASE TERM:

CITY

STATE

ZIP

STATE OF _____

COUNTY OF _____

BEFORE ME APPEARED

WHO ATTEST THEY ARE THE APPLICANTS AND THAT ALL REPRESENTATIONS IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT IN ALL RESPECTS.

SIGNED THIS _____ DAY OF _____ 201 _____

NOTARY SIGNATURE _____

SEAL:

REVISED 4/5/18

OWNER/ LANDLORD AFFIDAVIT

AS AN OWNER YOU ARE ABOUT TO RENDER AN AFFIDAVIT THAT THE INFORMATION THAT YOU HAVE GIVEN HEREIN IS TRUTHFUL. YOU ARE GIVING THE APPLICATION IN ORDER TO INFLUENCE THE ON TOP OF THE WORLD CONDOMINIUM ASSOCIATION TO ISSUE A RECREATION CARD USE PASS (ACTIVITIES CARD) FOR YOUR TENANT. YOU ATTEST THAT IT IS NOT YOUR INTENTION TO MISLED OR GIVE FALSIFIED INFORMATION:

AS AN OWNER WE HAVE RENTED THIS UNIT FOR _____ MONTHS

IN THE EVENT THAT YOU DID IN FACT OBTAIN A RENTER FOR LESS THAN 6 MONTHS, BUT SPREAD THE PAYMENTS TO APPEAR TO BE THE FULL 6 MONTHS, THIS IS FALISIFICATION AND MISREPRESENTATION. ANY PROESECUION AS A RESULT OF THIS TYPE ACTION AND SUBSEQUENT DAMAGES AND COSTS INCURRED SHALL CONSTITUTE A LIEN ON THE PROPERTY.

WE _____ OWNER(S) OF THE CONDOMINIUM UNIT # _____

LOCATED AT _____

HEREBY ATTEST TO THE LEGITIMACY OF THIS LEASE AGREEMENT.

OWNER SIGNATURE _____ DATE _____

OWNER SIGNATURE _____ DATE _____

STATE OF _____

COUNTY OF _____

BEFORE ME APPEARED _____

WHO ATTEST THEY ARE THE APPLICANTS AND THAT ALL REPRESENTATIONS IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT IN ALL RESPECTS.

SIGNED THIS _____ DAY OF _____ 201_____

NOTARY SIGNATURE _____

SEAL:

.....
DO NOT WRITE BELOW THIS LINE:

RECOMMEND _____ NOT RECOMMENDED _____ DATE _____

BOARD OF DIRECTORS ACTION: ACCEPTED _____ NOT ACCEPTED _____

**IF NOT ACCEPTED: FOR THE FOLLOWING REASON: NO CHECK _____ APPLICATION NOT COMPLETE _____

OTHER _____