



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: _____

Please check the boxes below to acknowledge that I/we understand and agree to the following:

- 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.
- I/We may not refinance this home for more than 65% of the purchase price or appraisal, whichever is the lesser.
- The condo shall not be used in any short-term shared or “interval ownership” manner between related or unrelated parties.
- 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.
- 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.
- 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.

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