



APPLICATION FOR APPROVAL OF OWNERSHIP

ADDRESS _____ BLDG # _____ CONDO # _____

Each buyer/owner must complete a separate Application for Approval of Ownership and a separate Screening Solutions application (unless legally married). ALL additional occupants must submit an Application for Approval of Residency and a Screening Solutions application AFTER the closing for this unit.

Interview type IN-PERSON or VIA SKYPE

Applicant Name _____ Phone _____ On Deed

Name of Spouse _____ Phone _____ On Deed

Current Mailing Address _____

Is applicant currently employed , between jobs , or retired (Please complete the below regardless of situation)

Current or Last Company _____ Years _____ Position _____

Are you currently, or were you previously, 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 unit be 55 years of age or older? Yes No

EMERGENCY CONTACTS

(THREE ARE REQUIRED)

Name _____ Relationship _____

Address _____ City _____

State _____ Zip code _____ Telephone _____

Name _____ Relationship _____

Address _____ City _____

State _____ Zip code _____ Telephone _____

Name _____ Relationship _____

Address _____ City _____

State _____ Zip code _____ Telephone _____

PLEASE NOTIFY THE COMMUNITY SERVICE OFFICE OF ANY CHANGES AFTER CLOSING

ADDRESS _____ BLDG # _____ CONDO # _____

OCCUPANCY

- 1. Reside Full-Time Reside Part-Time Lease Unit Not Reside Here _____
If marked, please indicate your intention for the unit
- 2. The condominium documents for the above-referenced condominium provide an obligation of unit owners that all units be for single-family residence use only. Please list the name, relationship, and age of any additional persons who will occupy the unit. ***An Application for Approval of Residency is required for anyone who will not be listed on the deed for the above-referenced condominium - this must be done AFTER closing is completed.***

Name	Relationship	Age

Do you want official Association correspondence mailed to your new address after closing? YES NO
 If NO, please list the address where you would like to receive official correspondence from the Association

 Street City State Zip Code

TITLE COMPANY OR THE ATTORNEY HANDLING THE CLOSING FOR THIS TRANSACTION
(The Certificate of Approval will be mailed to this address)

Name _____ Phone _____

 Street City State Zip Code

REALTOR INFORMATION

Your Realtor's Name _____ Phone _____

Company Name _____ Email _____

Please check the boxes below to 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 unit to be occupied unless at least one person occupying the unit is 55 years old or older and no one under the age of 17 shall reside in the unit.
 - b. I/We will only sell, lease, or otherwise transfer the unit 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 unit for more than 65% of the purchase price or appraisal, whichever is the lesser.
- 3. The unit 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 unit, 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 leasee(s) will complete and submit to the Association a Direct Owner Application for Lease Approval and required fees and documents.
- 6. It is my/our obligation to carry sufficient insurance on the interior of the unit 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 owner's association known as On Top of the World Condominium Association, Inc. ("Association"). The Association collects a community service fee, payable monthly. By signing the Application for Approval of Ownership, 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 of Incorporation, Bylaws, and any and all 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 Condominium Association, Inc. (or its assignee) may investigate my/our application for purposes that may help determine approval to purchase at On Top of the World.

IN-PERSON ORIENTATIONS - Do NOT sign below - your signature will be notarized at your orientation

SKYPE ORIENTATIONS - You must sign below before a notary prior to submitting your Application for Approval of Ownership to the Orientation Department

Applicant Signature

Spouse Signature - IF ON THE DEED

Print Name

Date of Birth

Print Name

Date of Birth

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, 20____ by _____ who () is/are personally known to me or who () produced _____ as identification.

Notary Signature

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 YOUR BLDG. # _____ YOUR CONDO # _____

NAME OF UNITED STATES FINANCIAL INSTITUTION _____

NAME(S) ON ACCOUNT _____

ROUTING # _____ ACCOUNT # _____

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

For checking accounts, attach a voided check or a letter from your bank with their letterhead. The letter must include your name, your bank routing number, and your checking account number. For savings accounts, attach a savings deposit slip.

Do not complete the information within this box – it will be covered during your orientation

MONTHLY FEE AMOUNT FOR CURRENT BUDGET YEAR \$ _____

MONTH DEBIT TO BEGIN _____

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 my banking information at least thirty (30) days prior to the use of a new checking or savings account 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 _____ Date _____

(Only one signature required)

ATTACH VOIDED CHECK or SAVINGS DEPOSIT SLIP HERE