

DIRECT OWNER - APPLICATION FOR LEASE APPROVAL

ADDRESS: _____ BLDG#: _____ UNIT#: _____

Owner(s) Name _____

Owner(s) Home Address _____

Street

City

State

Zip Code

Owner(s) Telephone Number(s) _____

Home

Cell

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED and REVIEWED PRIOR TO SETTING AN IN-PERSON OR SKYPE INTERVIEW:

1. **SUBMIT AN ORIGINAL SIGNED LEASE AGREEMENT** FOR RETENTION BY ON TOP OF THE WORLD CONDOMINIUM ASSOCIATION INC. OR THE MANAGEMENT COMPANY. EACH TENANT MUST SIGN THE LEASE OR HAVE A POWER OF ATTORNEY (POA) SIGN FOR HIM/HER. **BOTH OWNERS AND TENANTS, PLEASE RETAIN A COPY OF YOUR LEASE FOR YOURSELF.**
 - Tenant: One occupant must be 55 years of older and no children under 18. If at any time, the person/s who is 55 years of age moves out, the other tenant/s must vacate the unit immediately.
 - Please cross out and initial any statements on your lease referring to: Assignments, Subletting, Holdover by Lessee and Month-to-Month leasing as they are not permitted. You and your tenants must initial all handwritten changes.
 - No display of signs permitted or referenced in your lease. Please cross out and initial.
 - The lease must include beginning and end dates. No month-to-month leases accepted.
 - Leases must be for minimum 6 month & 1 week for furnished units, or 1 year unfurnished.
2. **OWNERS AND TENANTS COMPLETE AND NOTARIZE THIS APPLICATION.** CO-APPLICANTS **NOT** RELATED BY MARRIAGE NEED TO SUBMIT INDIVIDUAL APPLICATIONS. EACH SIGNEE MUST SIGN OR HAVE A POWER OR ATTORNEY (POA) SIGN FOR HIM/HER.
3. **SUBMIT A COPY OF A DRIVER'S LICENSE, STATE ID, OR OTHER GOVERNMENT ISSUED PHOTO ID** FOR ALL WHO ARE LISTED ON THE LEASE.
4. **SUBMIT A PROCESSING FEE** MADE PAYABLE BY CHECK TO **SIDNEY COLEN & ASSOCIATES, LTD. (SCA)** OR BY CASH. ONCE RECEIVED, THE PROCESSING FEE IS NON-REFUNDABLE (SEE SCHEDULE BELOW)

Application for Approval Processing Fee

(excluding lease renewal with same lessee)

- | | |
|------------------------|--------|
| 1. Single applicant | 100.00 |
| 2. Married couple | 100.00 |
| 3. Additional occupant | 100.00 |

- A. Processing Fee not required for Renewals if all required paperwork is submitted 30 days in advance of the current lease end date. Additional fees may be required.
- B. Background check includes: credit report, sex offender & criminal report, and a report from your present landlord. Additional information may be required.

5. **OWNERS ACTIVITY CARD MUST BE SURRENDERED** AND KEPT ON FILE WITH THE ON TOP OF THE WORLD CONDOMINIUM ASSOCIATION, INC. OR THE MANAGEMENT COMPANY FOR THE DURATION OF THE LEASE TERM. OWNERS, IF YOU DO NOT HAVE AN ACTIVITY CARD, PLEASE SEND A SIGNED STATEMENT TO THAT FACT AND INCLUDE WITH THE ABOVE PAPERWORK. TO REQUEST THE RETURN OF YOUR ACTIVITY CARD AT THE END OF THE LEASE TERM, PLEASE CALL 727-683-6981 LEAVE A MESSAGE FOR OCCUPANCY COMPLIANCE DEPARTMENT.

*****We will return incomplete or inaccurate paperwork to the owners *****

Once reviewed, our office will call the tenant/s to set up an interview.

Owners, Power of Attorneys, or Management Company Representative for the Owner may mail in, email to occupancy_complicance@otowfl.com or drop off at the Community Service Office in an envelope addressed to:

Occupancy Compliance Department Application Processing

2069 World Parkway Blvd. E. Clearwater, FL 33763

The Community Service Office is open Monday thru Friday 8:30am to 3:00 pm and closed from 12:00pm to 12:30pm

ADDRESS: _____ BLDG#: _____ UNIT#: _____

Tenant's Responsibility to Complete

Please be advised that formal registration cannot be completed until all information listed below and the next page has been completed.

PLEASE PRINT

Applicant Name _____ TELEPHONE # _____ (CIRCLE ONE)
HM/CELL

Name of Spouse _____ TELEPHONE # _____ HM/CELL

Current Mailing Address _____
Street City State Zip code

Applicant's employer (present/ previous) _____

Number of Years: _____ Position _____

Are you; were you, an owner at On Top of the World? No () Yes () Year _____ Bldg. # _____ Apt. # _____

Are you; were you, a tenant at On Top of the World? No () Yes () Year _____ Bldg. # _____ Apt. # _____

Please initial that at least one person residing in the condominium is 55 Years of age or over? Applicant #1 _____ #2 _____

Date of Birth for Applicant _____

Date of Birth Spouse _____

Mailing address after lease term:

CITY STATE ZIP

Emergency Contacts (Must Provide Three)

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

Name _____ Relationship _____

Address _____
STREET CITY STATE ZIP

Telephone number _____ HM/ Cell

Name _____ Relationship _____

Address _____
STREET CITY STATE ZIP

Telephone number _____ HM/ Cell

Name _____ Relationship _____

Address _____
STREET CITY STATE ZIP

Telephone number _____ HM/ Cell

ADDRESS: _____ BLDG#: _____ UNIT#: _____

TENANT/S AFFIDAVIT

- 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 lease at On Top of the World.
- I/We have read and agree to abide by the Amended and Restated Rules of the On Top of the World Condominium Association, Inc.
- I/We will carry renter's insurance to cover personal belonging.

For In-Person Orientations only – Do Not sign or notarize below until you are present for your interview.

WITNESSES:

APPLICANTS SIGNATURE(S)

Applicant _____
Spouse _____

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

ADDRESS: _____ BLDG#: _____ UNIT#: _____

OWNER/ LANDLORD AFFIDAVIT

As an owner you are about to render an affidavit that the information you have given herein is truthful. You are giving the application in order to influence the ON TOP OF THE WORLD CONDOMINIUM ASSOCIATION, INC. to issue an activity card for your tenant. You attest that it is not your intention to mislead or give falsified information:

- I/We have provided the lease applicants(s) with a copy of the Amended and Restated Rules of the On Top of World Condominium Association, Inc. and I/we understand that I/we am/are responsible for their compliance with the rules as a condition of occupancy.
- In the event the applicant(s) ceases to reside in the unit, I/We am/are responsible for the immediate return of any Activity Cards issued to them.
- I/ We understand that using the condo in any short-term shared or "interval ownership" manner between related or unrelated parties is prohibited.
- I/We have informed our tenant(s) that they should carry renter's insurance to cover their personal belongings.

AS AN OWNER WE HAVE RENTED THIS UNIT FOR _____ MONTHS _____ WEEK

In the event that you did in fact obtain a tenant for less than the required term, but spread the payments to appear to be the full required term, this is falsification and misrepresentation. Nobody other than a tenant approved in writing by the Association may occupy a unit during the term of the lease.

I/We _____ owner(s) of the condominium unit # _____

Located at _____

hereby attest that the lease complies with all Association requirements.

OWNER SIGNATURE _____ **Date** _____

OWNER SIGNATURE _____ **Date** _____

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): ___ Tenant(s) _____

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

Signed Date