

APPLICATION FOR APPROVAL OF OWNERSHIP

APPLICATION FOR THE PURCHASE OF A CONDOMINIUM, A DEED CHANGE, OR AN INHERITANCE

Applications are available online at otowclearwaterinfo.com/applications, from the Community Service Office, or by emailing the OTOW Orientation Department at clw_interview@parkwayclw.com. If an application is obtained from different source, make certain it is the most recent version which is always available from our website. Any older version received will be returned to the applicant.

ALL APPLICATIONS MUST BE PRINTED SINGLE-SIDED AND COMPLETE

Incomplete applications will be returned to the applicant

1. Co-applicants not related by marriage must submit separate application packets. Married applicants with a different last name will need to provide proof of marriage.
2. Submit the fully completed application packet, a copy of a valid, unexpired government photo ID issued by a US or Canadian government entity or a valid, unexpired passport ID for each person listed on the application, and the application processing payment (see #7 below) via one of the following options:
 - A. Mail the documents to OTOW Orientation Department, 2069 World Parkway Blvd, E., Clearwater, FL. 33763. Please mark the envelope ATTN: Orientation Department. OR
 - B. Place all documents in an envelope marked ATTN: Orientation Dept and either deliver the envelope to the Community Service Office or deposit it in one of the locked drop boxes outside the entrance to the East Activity Center (address listed above in 2A). OR
 - C. Email everything but the application processing payment to clw_interview@parkwayclw.com. All documents must be legible and original size – please verify the quality of any documents before emailing. The application processing payment should be submitted using option 2A or 2B above.
3. Applications MUST be notarized prior to submitting - non-notarized applications will be returned delaying the process.
4. The applicant(s) should retain a copy of the application for review during the orientation interview.
5. If the Applicant(s) plans to interview via SKYPE: Create a Skype account (if necessary), search for the user name “OTOW SKYPE”, send us a contact request, and email your Skype user name to clw_interview@parkwayclw.com and we will accept the contact request. For convenience, Skype downloads can be acquired from this website <https://www.skype.com/en/get-skype/>.
6. The Orientation Department will contact the Applicant(s) via phone to schedule the orientation interview - our number will display on caller IDs as PRIVATE, RESTRICTED, or BLOCKED.
7. There is a \$150.00 non-refundable application processing fee per individual (spouses or a parent/dependent child are considered one applicant) payable by cash, credit/debit card, check, or money order (made payable to Parkway Management). The processing payment must be received in our office prior to your orientation being scheduled.

Application for Approval Processing Fee

Single applicant	\$150.00
Married couple	\$150.00
Additional occupant	\$150.00

8. The applicant will receive an email containing an informational packet, preliminary Certificate of Approval (COA), an Automated Clearing House form (ACH – auto debit), and a Receipt of Condo Documents form.
- a. ***Certificate of Approval.*** The Applicant should review this Approval and if all parties **to be listed on the deed** are in agreement, each should legibly sign on one of the four lines at the bottom of the Approval. This Approval form must be returned to our office prior to the Association considering ownership transfer approval. See 2A through 2C on Page 1 for options available for submittal.
 - b. ***Automated Clearing House Debit Authorization Form (ACH).*** This form is authorization for the auto debit of the Community Service Fee (Association Assessment) and Rent (for leasehold properties). A voided check (or a letter from the Applicant’s financial institution on their letterhead with the bank routing and checking account numbers) must be provided with the form. If a savings account is preferred, a letter from the financial institution on their letterhead with the bank routing and savings account number must be provided – a savings deposit slip is not acceptable. At least one individual involved in the transaction must sign and date this form. It must be returned to our office prior to the Association considering ownership transfer approval. See 2A through 2C on Page 1 for options available for submittal.
 - ***FOR INHERITANCES AND DEED CHANGES:*** If there is no change to the account currently being withdrawn from, please write ‘NO CHANGE TO CURRENT’ in the field for the financial institution name. A signature and date is still required on the form.
 - c. ***Receipt of Condo Documents Form:*** This form is used to confirm receipt of the condo documentation from the current owner. It must be returned to our office prior to the Association considering ownership transfer approval. The realtor may provide a variation of this form which is acceptable provided the condo address, Applicant signature, and date of receipt is included.

PURCHASES

- We must receive a copy of the executed sales contract and all riders/addenda prior to the orientation interview being scheduled. These items are normally supplied by the Applicant’s realtor. If the transaction is a For Sale By Owner, the seller and/or the buyer is responsible for providing all documents. See 2A through 2C on Page 1 for options available for submittal.
- Our Board NORMALLY meets on Thursday to consider ownership transfer approvals. There should be a minimum of seven (7) days from the Thursday following your orientation interview date and the date of your closing.
- Artificial entities (LLCs, Corporations, Trusts, etc.) may own a MAXIMUM of three (3) properties at OTOW. Documentation showing the members of such entity will be required. The entity’s name should be listed on the application in addition to the member’s name.

INHERITANCE

- We must receive a copy of the death certificate and documentation verifying that the Applicant is inheriting the unit (i.e., Last Will & Testament, deed transferred in probate, Order Determining Homestead). We also need the name, address, and phone number of the attorney who is handling the inheritance (these documents should be provided with the application). See 2A through 2C on Page 1 for options available for submittal.
- Artificial entities (LLC, Corporations, Trusts, etc.) may own a MAXIMUM of three (3) properties at OTOW. Documentation showing members of such entity will be required. The entity’s name should be listed on the application in addition to the member’s name.

DEED TRANSFER

- The Applicant must provide documentation verifying the proposed or executed deed change (document from legal counsel). See 2A through 2C on Page 1 for options available for submittal.
- Artificial entities (LLC, Corporations, Trusts, etc.) may own a MAXIMUM of three (3) properties at OTOW. Documentation showing members of such entity will be required. The entity’s name should be listed on the application in addition to the member’s name.

If you have any questions concerning the application or the orientation interview process, please send a detailed email to

clw_interview@parkwayclw.com or call 727-799-8517

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UNIT ADDRESS _____ BLDG # _____ UNIT # _____

Unless legally married, a separate Application for Approval of Ownership must be completed for each person to be listed on the deed

Interview type: VIA PHONE or VIA SKYPE

Applicant Name _____

Applicant Phone _____ Email _____

By checking this box , you expressly give your permission to receive notices and updates from the Association by email. The Association will not share your email address with any outside party. If you do not wish to receive notices and updates from the Association by email, please do NOT check the box.

Spouse's Name _____ Spouse to be on the deed?

Spouse's Phone _____ Email _____

Applicant Current Mailing Address: _____				
	<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
From _____ To _____ Own <input type="checkbox"/> Rent <input type="checkbox"/>	_____		_____	_____
	<small>Landlord's Name</small>	<small>Landlord's Phone</small>	<small>Rent Amount</small>	

EMPLOYMENT:

Is applicant currently employed <input type="checkbox"/> , between jobs <input type="checkbox"/> , or retired <input type="checkbox"/> ? We must have the current or the last employer even if the applicant is retired.			
Employer		Supervisor:	
Address/Location			Phone
Position	Dates of Employment	Salary \$	

Is spouse (if to be on the deed) currently employed <input type="checkbox"/> , between jobs <input type="checkbox"/> , or retired <input type="checkbox"/> ? We must have the current or the last employer even if the applicant is retired.			
Employer		Supervisor	
Address/Location			Phone
Position	Dates of Employment	Salary \$	

OCCUPANCY:

1. Reside Full-Time Reside Part-Time Lease Unit Not Reside Here _____
If marked, please indicate your intention for the unit

 2. Are you currently, or were you previously, an owner OR a tenant at On Top of the World? Yes No
- Bldg. # _____ Unit # _____ Currently Lease Previously Leased Currently Own Previously Owned
- Bldg. # _____ Unit # _____ Currently Lease Previously Leased Currently Own Previously Owned
- Bldg. # _____ Unit # _____ Currently Lease Previously Leased Currently Own Previously Owned

3. Occupancy by a single family shall mean and refer to one (1) natural person or not more than two (2) natural persons who customarily reside and live together and otherwise hold themselves out as a family unit, whose legal residence is the residential unit; provided, however, in the event an owner is the designated caregiver of a dependent or disabled individual, then the term "single family" shall include such additional dependent or disabled individual. Please list the name, relationship, and age of any additional person who will occupy the unit. **An Application for Approval of Residency is required for anyone who will reside in the unit, but is not listed on the deed - this must be scheduled AFTER the closing/recording is completed.**

Name	Relationship	Age

EMERGENCY CONTACTS

(PLEASE PROVIDE ALL INFORMATION REQUESTED)

Name _____ Relationship _____

Address _____ City _____

State _____ Zip code _____ Telephone _____ Keyholder

Name _____ Relationship _____

Address _____ City _____

State _____ Zip code _____ Telephone _____ Keyholder

Name _____ Relationship _____

Address _____ City _____

State _____ Zip code _____ Telephone _____ Keyholder

PLEASE NOTIFY THE COMMUNITY SERVICE OFFICE OF ANY CHANGES AFTER CLOSING

ASSOCIATION MAILINGS

Do you want official Association correspondence mailed to your new OTOW address after closing? YES NO

If NO, please list the address where you would like to receive official correspondence from the Association.

_____ Address _____ City _____ State _____ Zip Code _____

TITLE COMPANY OR ATTORNEY HANDLING THIS TRANSACTION

(VERY IMPORTANT: The Certificate of Approval will be mailed to this address)

Name _____ Phone _____

_____ Address _____ City _____ State _____ Zip Code _____

FOR PURCHASES: REALTOR INFORMATION

Your Realtor's Name _____ Phone _____

Company Name _____ Email _____

AFFIDAVIT

The applicant(s) listed on Page 3 of this Application for Approval of Ownership, singularly or jointly referred to as "Applicant", hereby swear or affirm the following:

1. The On Top of the World Community is an age-restricted community under the Federal Fair Housing Act and Florida Civil Rights Act and accordingly, applicant shall not permit the unit to be occupied unless at least one person occupying the unit is fifty-five (55) years of age or older and no one under the age of 18 shall reside in the unit.
2. Applicant agrees each unit shall be used for occupancy by a single family. Occupancy by a single family shall mean and refer to one (1) natural person or not more than two (2) natural persons who customarily reside and live together and otherwise hold themselves out as a family unit, whose legal residence is the residential unit; provided, however, in the event an owner is the designated caregiver of a dependent or disabled individual, then the term "single family" shall include such additional dependent or disabled individual.
3. Applicant agrees the total mortgage debt, home equity loans, and other indebtedness secured by liens encumbering any unit may not at any time exceed the limit set forth in the applicable Declaration of Condominium. In the absence of a limit specified in the Declaration of Condominium, the amount defaults to sixty-five percent (65%) of the purchase price paid for the unit by the owner. Reverse mortgages are not permitted.
4. Applicant agrees the unit shall not be used in any short-term shared or "interval ownership" manner between related or unrelated parties.
5. Applicant agrees that, in the event Applicant elects 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. In addition, Applicant as Lessor(s) and the prospective Lessee(s) will complete and submit to the Association a Direct Owner Application for Lease Approval and the required fees and documents. The occupancy approval shall only be for the individual(s) listed on the lease application and only for the lease term in which the occupancy was approved.
6. Applicant agrees each approved occupant is entitled to one (1) Activity Card and one (1) Access Card with a maximum of two (2) Activity Cards and two (2) Access Cards per unit. A nominal fee may apply.
7. Applicant agrees it is Applicant's obligation to carry sufficient insurance on the interior of the unit to cover the cost of replacement in the event of loss. Lessee(s)/resident(s) should acquire renter's insurance to cover their personal belongings.
8. Applicant agrees 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, Applicant accepts and agrees to pay the Community Service Fee through monthly automated Clearing House Debit (auto-debit) of a checking or savings account designated by Applicant.
9. Applicant states they 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 Condominium Association, Inc.
10. Applicant is aware of and agrees to abide by the Declaration of Condominium, the Articles of Incorporation, Bylaws, and any and all Rules & Regulations in effect within the terms of ownership. Applicant acknowledges all of the above noted documents are recorded in the public records of the Pinellas County courthouse and Applicant will be required to provide a Receipt of Condo Docs before the Association will consider ownership transfer approval.
11. Applicant agrees the information provided in this application is given voluntarily and is true. Applicant agrees 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.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this application and affidavit and that I may be subject to pains and penalties of perjury for knowingly making a false statement.

Applicant Signature

Spouse Signature - IF ON THE DEED

Print Name

Date of Birth

Print Name - IF ON THE DEED

Date of Birth

STATE OF _____

COUNTY OF _____

Sworn to or affirmed and signed before me, the undersigned authority, by _____, who personally appeared before me on this _____ day of _____, 20____, and who is personally known by me or who has produced _____ as identification, and who by me was first duly sworn and cautioned, states that he/she executed the foregoing and the contents thereof are true and correct.

Notary Seal

Notary Public

My Commission Expires: _____

BELOW FOR ASSOCIATION USE ONLY

Interviewed by: _____ Date of Orientation Interview: _____

Fee Paid: \$ _____ Check # _____ Money Order # _____ Cash Receipt # _____

Credit/Debit Card (last Four digits) # _____ Type (Circle): VISA MC DISC AMEX

Recommended: Yes () No () # of Activity Cards: ORES _____ ONON _____ NONE _____

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

Signature

Title

Date



AUTHORITY FOR RELEASE OF INFORMATION

In connection with my application for ownership transfer, leasing, or residency and in accordance with state and federal laws, I authorize Screening Solutions to obtain and/or investigate any and all information, including that of a confidential or privileged nature. This includes, but is not limited to, current and previous rental information, current and previous employment information with salary, personal reference information, a consumer credit report, criminal records, banking information, and any other information requested.

These requests may include information concerning my character along with my ability to pay rent. I understand that a third party consumer reporting agency is being used to investigate this information and therefore consent to the release of information to this agency.

Intending to be legally bound hereby, I release you, your organization, and others contacted from any liability or damage which may result from furnishing the information requested. Photocopies of this authorization carry the same authority as the original.

I understand I have the right to make a request of the Consumer Reporting Agency upon proper identification to provide the information in its files on me at the time of my request.

APPLICANT'S PRINTED NAME:			
SOCIAL SECURITY NUMBER: (Required)		DATE OF BIRTH:	
APPLICANT'S SIGNATURE:			
DATE SIGNED:			
<i>SPOUSE SHOULD SIGN ONLY IF HE/SHE WILL BE LISTED ON THE DEED</i>			
SPOUSE'S PRINTED NAME:			
SOCIAL SECURITY NUMBER: (Required)		DATE OF BIRTH:	
SPOUSE'S SIGNATURE:			
DATE SIGNED:			



PARKWAY MAINTENANCE & MANAGEMENT PINELLAS, LLC

CONSENT FOR BACKGROUND CHECK

This form provides your consent for Parkway Maintenance & Management Pinellas, LLC (Management Company to On Top of the World Condominium Association, Inc.) to request a background screening from Screening Solutions for the ownership transfer of a property located at On Top of the World Condominiums, Clearwater, Florida.

This form, plus the Screening Solutions Authority for Release of Information, is required for each application submitted.

Please list the full name of each applicant below. Each applicant must complete a separate application packet unless legally married. If married and you do not share the same last name, please provide proof of marriage with the application packet.

1.		Married Couple <input type="checkbox"/>
2.		<input type="checkbox"/>

Each applicant acknowledges that by signing this document, he/she consents to a background screening to be completed by Screening Solutions. The results of the background screening may be shared with Parkway Maintenance & Management Pinellas, LLC and/or On Top of the World Condominium Association, Inc.

APPLICANT'S SIGNATURE:	
APPLICANT'S PRINTED NAME:	
DATE SIGNED:	
<i>SPOUSE SHOULD SIGN ONLY IF HE/SHE WILL BE LISTED ON THE DEED</i>	
SPOUSE'S SIGNATURE:	
SPOUSE'S PRINTED NAME:	
DATE SIGNED:	