



APPLICATION FOR APPROVAL OF RESIDENCY

APPLICATION TO OBTAIN RESIDENCY APPROVAL IN A CONDOMINIUM OWNED BY ANOTHER

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 methods:
 - 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. An owner of the unit **AND** the individual requesting residency must both sign the application and have each signature notarized in advance of submitting it. If there are multiple owners, only one owner's signature is required.
4. A copy of the application should be retained for review during the orientation.
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 your convenience, Skype downloads can be acquired from this website <https://www.skype.com/en/get-skype/>.
6. The Orientation Department will contact the Applicant 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 "Application for Approval of Residency" is to request occupancy approval in a unit in which the Applicant is not an owner AND in which there is no lease. If there is a lease, the "Direct Owner Application for Lease Approval" should be submitted.

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

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

APPLICATION FOR APPROVAL OF RESIDENCY

APPLICATION TO OBTAIN RESIDENCY APPROVAL IN A CONDOMINIUM OWNED BY ANOTHER WITHOUT BENEFIT OF A LEASE

*****CONDO OWNER SHOULD COMPLETE THIS PAGE*****

UNIT ADDRESS _____ BLDG # _____ UNIT # _____

Unit Owner Name _____

Unit Owner Home Address _____
Street City State Zip Code

Unit Owner Phone No. _____ Unit Owner Email _____

CONDO UNIT OWNER AFFIDAVIT

The Condo Unit Owner(s) on record with the On Top of the World Condominium Association, Inc., singularly or jointly referred to as "Owner", hereby swear or affirm their understanding and agreement to 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, Owner agrees the unit may not 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. Owner 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. Owner affirms the Applicant has received a copy of the Third Amended and Restated Rules of the On Top of the World Condominium Association, Inc. and Owner agrees they are responsible for the Applicant's compliance with the rules as a condition of occupancy.
4. Owner 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. If Applicant wishes to obtain an Activity Card and an Access Card and the maximum has already been issued, Owner must forfeit their rights (in writing) and return any issued card(s) to the Community Service Office. In the event Applicant ceases to reside in the unit, Owner must immediately return any Activity and/or Access Cards issued to the Applicant.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this application and affidavit (Page 2) and that I may be subject to pains and penalties of perjury for knowingly making a false statement.

Unit Owner Signature

Print Name

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: _____

*****RESIDENCY REQUESTOR SHOULD COMPLETE THE REMAINDER OF THE APPLICATION*****

UNIT ADDRESS _____ BLDG # _____ UNIT # _____

Unless legally married, a separate Application for Approval of Residency must be completed for each personInterview type: VIA PHONE ☐ or VIA SKYPE ☐

Applicant Name _____

Applicant Phone _____ Email _____

What is your relationship to the owner of the condominium you plan to reside in? _____

Spouse's Name (if also requesting residency) _____

Spouse's Phone _____ Email _____

What is your relationship to the owner of the condominium you plan to reside in? _____

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

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 requesting residency) 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 ☐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.

Name	Relationship	Age

EMERGENCY CONTACTS

(PLEASE PROVIDE ALL INFORMATION REQUESTED)

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 FUTURE CHANGES

APPLICANT AFFIDAVIT

The applicant(s) listed on Page 3 of this Application for Approval of Residency, singularly or jointly referred to as "Applicant", hereby swear or affirm their understanding and agreement to 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, the Applicant agrees the unit may not 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. The Applicant states the information provided in this application is given voluntarily and is true. The 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 occupancy approval at On Top of the World.
4. The Applicant has read and agrees to abide by the Third Amended and Restated Rules of the On Top of the World Condominium Association, Inc.
5. 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. If Applicant wishes to obtain an Activity Card and an Access Card and the maximum has already been issued, Owner must forfeit their rights (in writing) and return any issued card(s) to the Community Service Office. In the event Applicant ceases to reside in the unit, any Activity and/or Access Cards issued to the Applicant must be returned to the Owner.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this application (Page 3 thru Page 4) and affidavit (Page 4) and that I may be subject to pains and penalties of perjury for knowingly making a false statement.

Applicant Signature

Spouse Signature (IF ALSO REQUESTING RESIDENCY)

Print Name

Date of Birth

Print Name (IF ALSO REQUESTING RESIDENCY)

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: RRES _____ FRES _____ NONE _____

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

Signature

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 IS REQUESTING RESIDENCY IN THE UNIT</i>			
SPOUSE'S PRINTED NAME:			
SOCIAL SECURITY NUMBER: (Required)		DATE OF BIRTH:	
SPOUSE'S SIGNATURE:			
DATE SIGNED:			



PARKWAY MAINTENANCE & MANAGEMENT, 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 occupancy approval 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.		

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 IS REQUESTING RESIDENCY IN THE UNIT</i>	
SPOUSE'S SIGNATURE:	
SPOUSE'S PRINTED NAME:	
DATE SIGNED:	