

DIRECT OWNER APPLICATION FOR LEASE APPROVAL

APPLICATION TO OBTAIN TENANCY APPROVAL IN A CONDOMINIUM OWNED BY ANOTHER

Applications for direct owner leasing are available to OTOW property owners, the owner's Power of Attorney, or the owner's management company representative only - current or future Lessees (tenants) cannot begin the application process. Applications are available online at otowclearwaterinfo.com/applications, from the Community Service Office, or by emailing the OTOW Occupancy Department at occupancy_compliance@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 owner of the condominium

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 lease, a valid lease (see #3 below), 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 occupancy_compliance@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. A lease must be a minimum of six (6) months and one (1) week for furnished units or a minimum of one (1) year for unfurnished units. The unit address must be included and the Lessor and the Lessee(s) must sign and date the lease. Lessor and Lessee(s) should retain a copy of the lease
4. An owner of the unit **AND** the individuals listed on the lease 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.
5. The Lessee(s) should retain a copy of the application for review during the orientation.
6. If the Applicant 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 occupancy_compliance@parkwayclw.com and we will accept your contact request. For your convenience, Skype downloads can be acquired from this website <https://www.skype.com/en/get-skype/>
7. The Occupancy Compliance Department will contact the Lessee(s) via phone to schedule the orientation interview - our number will display on caller IDs as PRIVATE, RESTRICTED, or BLOCKED.
8. 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 Sidney Colen & Associates, LTD (SCA). The processing payment must be received in our office prior to your orientation being scheduled. The Processing Fee is not required for renewals **IF** all the required paperwork is submitted at least thirty (30) days in advance of the current lease end date. Additional fees may be required.

Application for Approval Processing Fee

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

If you have any questions concerning the application or the occupancy approval process, please send a detailed email to occupancy_compliance@parkwayclw.com or call 727-683-6980

DIRECT OWNER APPLICATION FOR LEASE APPROVAL

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UNIT ADDRESS _____ BLDG # _____ UNIT # _____

UNIT OWNER (LESSOR) TO COMPLETE PAGE 2 AND PAGE 3

Unless legally married, a separate Direct Owner Application for Lease Approval must be completed for each person listed on the lease

Unit Owner(s) _____

Home Address _____

Street

City

State

Zip Code

Phone No. _____ Email _____

OWNER (LESSOR) AFFIDAVIT

The Unit Owner(s) listed above, singularly or jointly referred to as “Lessor”, hereby swear or affirm their understanding and agreement to the following:

1.	Lessor is responsible for submitting all documentation as listed on Page 1 of this application packet.
2.	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 Lessor 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.
3.	Lessor 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.
4.	Lessor shall not reference assignments, holdover by Lessee, month-to-month leasing, and/or subletting in the lease. Any handwritten changes to the lease must be crossed out and initialed by the Lessor <u>and</u> the Lessee(s). Using the condo in any short-term shared or “interval ownership” manner between related or unrelated parties is prohibited.
5.	Lessor agrees no signs, advertising, or notices of any kind or type, including but not limited to “for rent”, “for sale”, “political”, “open house”, “estate sale”, or others similar in nature, shall be permitted or displayed on the exterior of any unit, on any building, vehicle, or Common Areas in On Top of the World, nor shall the same be permitted or displayed in such a manner as to be visible from the exterior of any unit.
6.	Lessor agrees occupancy approvals by the Association shall only be for the individual(s) listed on the lease application and only for the lease term stated in the lease. Complete Direct Owner Application for Lease Approval packets submitted a minimum of thirty (30) days prior to the expiration of the currently approved lease term will not require a new screening background, orientation interview, or application processing fee.
7.	Lessor agrees all leases must be for a minimum of six (6) months and one (1) week for furnished units or a minimum of one (1) year for unfurnished units, include signatures of the Lessor and the Lessee(s), and a valid start and end date for the lease period. Lessee(s) should carry renter’s insurance to cover their personal belongings.
8.	Lessor has the obligation to provide the Lessee(s) with a copy of the Third Amended and Restated Rules of the On Top of World Condominium Association, Inc. Lessor agrees they are responsible for the Lessee’s compliance with the rules.
9.	Lessor understands 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. Lessor must relinquish any Activity and Access Cards issued to them <u>prior</u> to the commencement of a lease. If the Lessor does not have the issued card(s), a signed statement to that effect is required. If the unit is not leased during a period of time, the return of the issued card(s) may be requested by visiting the Community Service Office or calling Occupancy Compliance at 727-683-6980. If the Lessee ceases to reside in the unit, the Lessor is responsible for the immediate return of any Activity and Access Cards issued to the Lessee. The card(s) may be delivered to the Community Service Office by the Lessor <i>or</i> the Lessee.

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.

Owner 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: _____

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TENANT (LESSEE) TO COMPLETE PAGE 4 THRU PAGE 8Interview type: **VIA PHONE** ☐ or **VIA SKYPE** ☐

UNIT ADDRESS _____ BLDG # _____ UNIT # _____

Lessee Name _____

Applicant Phone _____ Email _____

Spouse's Name (if on the lease and also residing in the unit) _____

Applicant Phone _____ Email _____

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 on the lease) 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. 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 ☐
2. 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

3. For seasonal renters, please list your expected mailing address after your lease term expires (if known):

ADDRESS

CITY

STATE

ZIP

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**TENANT (LESSEE) AFFIDAVIT**

The Lessee(s) as listed on Page 4 of this Direct Owner Application for Lease Approval, singularly or jointly referred to as "Lessee", 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 Lessee 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. | The Lessee states the information provided in this application is given voluntarily and is true. The Lessee 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. |
| 3. | The Lessee has read and agrees to abide by the Third Amended and Restated Rules of the On Top of the World Condominium Association, Inc. |
| 4. | The Lessee understands there are severe risks if renter's insurance is not carried on the Lessee's personal property during the lease term. |
| 5. | Lessee 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. The Lessor must relinquish any Activity and Access Cards issued to them prior to the Lessee obtaining a Card. In the event the Lessee(s) ceases to reside in the unit, the Lessee must immediately return any Activity and Access Cards issued to them. The card(s) may be given to the Owner or taken directly to the Community Service Office. |

***** ALL INCOMPLETE OR INACCURATE PAPERWORK WILL BE RETURNED TO THE OWNERS *****

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this application (Page 4 and Page 5) and affidavit (Page 5) 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 LEASE**

Print Name

Date of Birth

Print Name – **IF ON THE LEASE**

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: TRES _____ 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 IS LISTED ON THE LEASE AND WILL RESIDE IN THE UNIT</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 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 WILL BE LISTED ON THE DEED</i>	
SPOUSE'S SIGNATURE:	
SPOUSE'S PRINTED NAME:	
DATE SIGNED:	