On Top of the World
Clearwater Florida

BLDG # _____ CONDO/UNIT # _____

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 a 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 completed application packet, a copy of a valid, unexpired government-issued ID from a U.S. or Canadian government entity showing the applicant's photograph and date of birth, or a valid, unexpired passport, for each person listed on the application, along with 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 either option 2A or 2B above.
3. The applicant(s) should retain a copy of the application for review during the orientation interview. Copies may be requested in the Community Service Office for a nominal charge of $0.25 per page.
4. 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. Please make sure your application includes an active phone number. The phone orientation should last 30-45 minutes.
5. The Association NORMALLY meets once per week to consider approvals. The orientation interview must be completed and any missing documents must be received in our office no later than noon Monday for the Association to consider approval for that week; otherwise, the approval consideration will be delayed until the following week.
6. 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 (please call 727-683-6981), check/money order (made payable to Parkway Management). The processing payment must be received in our office prior to your orientation being scheduled.

Application Processing Fee

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

7. 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 that **will be listed on the deed** are in agreement, each should legibly sign on one of the four lines at the bottom of the Approval. The COA must be returned to our office prior to the Association considering ownership transfer approval. See 2A through 2C above 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 above 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 to provide all documents. See 2A through 2C on Page 1 for options available to submit these documents.

INHERITANCE

- The Applicant must provide a copy of the death certificate or obituary plus documentation proving the Applicant has inherited the unit (i.e., Last Will & Testament, deed transferred in probate, Order Determining Homestead). We will 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 to submit these documents.

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 to submit these documents.

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

On Top of the World
Clearwater Florida

BLDG # _____ CONDO/UNIT # _____

APPLICATION FOR APPROVAL OF OWNERSHIP

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CONDO/UNIT ADDRESS _____ **BLDG #** _____ **CONDO/UNIT #** _____

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

Applicant 1 Name: _____

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.

>>Complete Applicant 2 information only if Applicant 2 is legally married to Applicant 1 and Applicant 2's name will be on the deed or Applicant 2 is affiliated with the artificial entity to be listed on the deed<<

Applicant 2 Name: _____

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.

*Email addresses must be unique to each spouse in order to obtain access to AppFolio, the owner's portal. This portal contains important condominium documents, your account ledger, and a multitude of other information.

Current Mailing Address: _____

Street *City* *State* *Zip*

Own ☐ Purchase Date:	Rent ☐ *Lease Start Date* *Lease End Date*
	Landlord's Name *Landlord's Phone* *Rent Amount*

EMPLOYMENT:

Is Applicant 1 currently employed ☐, between jobs ☐, or retired ☐? Please list current or the last employer even if retired.

Employer: _____ Supervisor: _____

Address/Location: _____ Phone: _____

Position: Dates of Employment: Salary $

Is Applicant 2 currently employed ☐, between jobs ☐, or retired ☐? Please list current or the last employer even if retired.

Employer: _____ Supervisor: _____

Address/Location: _____ Phone: _____

Position: Dates of Employment: Salary $

OCCUPANCY:

1. Reside Full-Time ☐ Reside Part-Time ☐ Lease Unit After Ownership Requirement* ☐

   Other ☐ _____ *Please indicate your intention for the unit*

*** No unit may be occupied by any person other than a "bona fide owner" during the first twelve (12) months of ownership following the transfer of a unit.**

2. Does Applicant 1 and/or Applicant 2 currently own any other condominium(s) at On Top of the World? Yes ☐ No ☐

   Bldg. # _____ Unit # _____ Purchase Date: _____

   Currently Own and Residing In ☐ Currently Own and Leasing It ☐ Currently Own and It Is Vacant ☐

   Bldg. # _____ Unit # _____ Purchase Date: _____

   Currently Own and Residing In ☐ Currently Own and Leasing It ☐ Currently Own and It Is Vacant ☐

   Bldg. # _____ Unit # _____ Purchase Date: _____

   Currently Own and Residing In ☐ Currently Own and Leasing It ☐ Currently Own and It Is Vacant ☐

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 AT LEAST ONE EMERGENCY CONTACT PREFERRABLY THREE)

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*

BLDG # _____ CONDO/UNIT # _____

CLOSING AGENT (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_____

APPLICANT ACKNOWLEDGMENT AND CERTIFICATION

The applicant or applicants listed on Page 3 of this Application for Approval of Ownership, singularly or jointly referred to as "Applicant," hereby acknowledge, represent, certify, and agree to the following:

1. Abide by the Declaration of Condominium, the Articles of Incorporation, Bylaws, and any and all Rules and Regulations in effect within the terms of ownership. Applicant acknowledges all of the above noted documents are recorded in the Official Records of Pinellas County, Florida. Applicant will be required to provide a signed Receipt of Condo Docs before the Association can consider ownership transfer approval.
2. On Top of the World has been designated as housing for persons who are fifty-five (55) years of age or older. At least eighty percent (80%) of the units in On Top of the World must be occupied by at least one person who is fifty-five (55) years of age or older. No minor under the age of seventeen (17) shall be permitted to reside in any unit.
3. 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. 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.
5. Applicant acknowledges and agrees that ownership is limited to a maximum of three (3) Units per individual or artificial entity (LLC, Corporation, Trust, etc.). The entity's name should be listed on the application in addition to the member's name. Documentation showing the members of an artificial entity will be required. Each member of the artificial entity must submit an application, photo ID, and processing payment (if required).
6. Any person, entity or affiliated persons or entities owning three (3) units must be the permanent occupant of one unit and may rent the other two units (but may not rent the unit specified for occupancy).
7. No unit may be occupied by any person other than a "bona fide owner" during the first twelve (12) months of ownership following the transfer of a unit. For the purposes of this restriction, a "bona-fide owner" is defined as an individual that owns at least one-third (1/3) of the total interest in the unit as shown in the Public Records of Pinellas County, Florida.
8. After the initial twelve (12) months of ownership period, if 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.

9. After the twelve (12) months of ownership period, the unit may only be occupied in its entirety and no fraction or portion of a unit may be leased. Further, Applicant acknowledges that Association approval of any tenant or occupant is required prior to occupancy and that permitting occupancy without prior approval may result in enforcement action, including legal proceedings, fines, and the assessment of attorney's fees and costs to the extent permitted by law and the governing documents.
10. 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 for the issuance of such cards.
11. 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 the method of payment for monthly Community Service fees shall be by electronic transfer, also known as Automated Clearing House (ACH) or auto debit, from a U.S. Bank in U.S. Dollars, or through the Association's property management software platform when it becomes available.
12. It is Applicant's obligation to maintain sufficient insurance covering the interior portions of the Unit and personal property. Any non-owner resident should obtain renter's insurance to cover personal property and personal liability.
13. All persons and entities who will hold any ownership interest in the Unit have been fully disclosed to the Association.
14. All information provided in this application is voluntary and is true and correct to the best of Applicant's knowledge. Further, Applicant authorizes On Top of the World Condominium Association, Inc. (or its designee) to investigate the information provided in this application for purposes related to determining approval to purchase at On Top of the World.

APPLICANT CERTIFICATION

I/We certify that I/we have read the foregoing statements and understand and agree to comply with such statements, the Declaration of Condominium, Articles of Incorporation, Bylaws, Rules and Regulations, and all duly adopted policies and procedures.

I/We further certify that the information provided in this application is true and correct to the best of my/our knowledge.

APPLICANT 1 SIGNATURE	APPLICANT 1 NAME	DATE SIGNED
APPLICANT 2 SIGNATURE	APPLICANT 2 NAME	DATE SIGNED

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 _____

Association Action: Accepted ( ) Not Accepted ( ) Reason: _____

_____

Signature *Title* *Date*

BLDG # _____ CONDO/UNIT # _____

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

BLDG # _____ CONDO/UNIT # _____

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 the 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 ☐
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, SCA Pinellas Amenities, LLC, On Top of the World Condominium Association, Inc. (including their legal counsel), On Top of the World Lease Holdings, LLC, Mid Florida Lease Administration, LLC, and/or DnCL Holdings, LTD.

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