On Top of the World
Clearwater Florida

BLDG # _____ CONDO/UNIT # _____

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 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 option 2A or 2B above.
3. An owner of the unit **AND** the individual requesting residency must both sign the application in advance of submitting it. If there are multiple owners, only one owner's signature is required.
4. 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.
5. 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 15-30 minutes.
6. 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.
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 (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 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 orientation 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 RESIDENCY

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

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

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

Unit Owner Name: _____

Unit Owner Home Address: _____
Street City State Zip

Phone: Email:

CONDO UNIT OWNER ACKNOWLEDGMENT AND CERTIFICATION

The condo/unit (Unit) owner listed above, singularly or jointly referred to as "Owner", hereby acknowledge, represent, certify, and agree to the following:

1. 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.
2. 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 is responsible for Applicant abiding by the Declaration of Condominium, the Articles of Incorporation, Bylaws, and any and all Rules and Regulations in effect during the Applicant’s residency.
4. 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. iii. The Association may grant exceptions to this provision to permit immediate family members of an owner to occupy a unit within twelve (12) months after transfer when necessary to accommodate a hardship or for estate planning purposes. As used herein, “immediate family members” shall mean only a spouse, child, parent, or sibling. A hardship shall not be deemed to exist merely for convenience or financial purposes.
5. 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.
6. Owner acknowledges that approval of residency does not grant the Applicant any ownership rights or tenancy rights in the Unit and may be revoked if the Applicant ceases to qualify for occupancy under the Governing Documents.

OWNER 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.

_____

OWNER 1 SIGNATURE **OWNER 1 NAME** **DATE SIGNED**

_____

OWNER 2 SIGNATURE **OWNER 2 NAME** **DATE SIGNED**

BLDG # _____ CONDO/UNIT # _____

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

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

Unless legally married, a separate Application for Approval of Residency must be completed for each person

Applicant 1 Name: _____

Phone: _____ Email: _____

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

>>Complete Applicant 2 information only if Applicant 2 is also requesting residency approval in the Unit<<

Applicant 2 Name: _____

Phone: _____ Email: _____

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

Current Mailing Address: _____
Street City State Zip

From _____To _____ Own ☐ Rent ☐ _____
Landlord's Name Landlord's Phone Rent Amount

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 ☐

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. For new ownership transfers, the Application for Approval of Residency should be submitted when the Application for Approval of Ownership is submitted by the person(s) purchasing the Unit. Ownership requirements must be met unless an exception is granted by the Association.

Name	Relationship	Age

EMERGENCY CONTACTS

(PLEASE PROVIDE AT LEAST ONE EMERGENCY CONTACT PREFERRABLY THREE)

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 ACKNOWLEDGMENT AND CERTIFICATION

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

1. 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.
2. 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 information provided in this application is voluntary and is true and correct to the best of the Applicant's knowledge. Further, the 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 occupancy approval at On Top of the World.
4. Applicant will abide by the Declaration of Condominium, the Articles of Incorporation, Bylaws, and any and all Rules and Regulations in effect during the Applicant's residency.
5. 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. 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.

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*

SCREENING SOLUTIONS
Background Investigation Specialists

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 IS REQUESTING RESIDENCY IN THE UNIT	
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 ☐
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 IS REQUESTING RESIDENCY IN THE UNIT	
SPOUSE'S SIGNATURE:	
SPOUSE'S PRINTED NAME:	
DATE SIGNED:	