On Top of the World
Clearwater Florida

BLDG#:_____UNIT#:_____

DIRECT OWNER APPLICATION FOR LEASE APPROVAL

APPLICATION TO OBTAIN TENANCY APPROVAL IN A CONDOMINIUM OWNED BY ANOTHER

On Top of the World Condominium Association, Inc. (OTOW) does not lease condominiums (Unit). This application is used for leasing through an OTOW Unit owner, the owner's Power of Attorney, or the owner's management company representative. Applications are available online at otowclearwaterinfo.com/applications, from the Community Service Office located at 2069 World Parkway Blvd. E, 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 on 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 Unit

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 lease, a copy of the valid lease (see #3 below), and the application processing payment (if required, see #7 below) via one of the following options:
    A. Mail the documents to OTOW Occupancy Compliance Department, 2069 World Parkway Blvd, E., Clearwater, FL 33763. Please mark the envelope ATTN: Occupancy Compliance Department OR
    B. Place all documents in an envelope marked ATTN: Occupancy Compliance 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. Credit or debit payment may be arranged by calling the Occupancy Compliance Department at 727-683-6980 once the Direct Owner Application for Lease Approval packet has been submitted.
3. A lease must be a minimum of six (6) months and one (1) week for a furnished Unit or a minimum of one (1) year for an unfurnished Unit. A lease, whether new or renewed, may not exceed a maximum of one (1) year in length. A Unit may only be occupied in its entirety and no fraction or portion of a Unit may be leased. The Unit address must be included and the Lessor and the Lessee(s) must sign and date the lease.
4. At least one owner of a Unit **AND** all individuals listed on the lease must sign the application. If there are multiple owners, only one owner's signature is required.
5. The Lessor and Lessee(s) should retain a copy of the lease and the Lessee(s) should retain a copy of the application for review during the orientation. Copies may be requested in the Community Service Office for a nominal charge of $0.25 per page.
6. 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.
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. The Processing Fee is not required for renewals **IF** all the required paperwork is submitted at least thirty (30) days prior to the expiration of a current Association approved lease term. 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

On Top of the World
Clearwater Florida

BLDG#:_____UNIT#:_____

DIRECT OWNER APPLICATION FOR LEASE APPROVAL

APPLICATION TO OBTAIN TENANCY APPROVAL IN A CONDOMINIUM OWNED BY ANOTHER

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: _____
ADDRESS CITY STATE ZIP

Phone Number: Email:

Does Lessor currently own any other condominium(s) at On Top of the World? Yes ☐ No ☐

1. Bldg. # _____ Unit # _____ Purchase Date: _____
   Currently Own and Residing In ☐ Currently Own and Leasing It ☐ Currently Own and It Is Vacant ☐
2. Bldg. # _____ Unit # _____ Purchase Date: _____
   Currently Own and Residing In ☐ Currently Own and Leasing It ☐ Currently Own and It Is Vacant ☐

If Lessor owns more than two (2) Units, the Lessor must reside in one (1) of the Units owned. Notwithstanding the foregoing, any Lessor who, on the effective date of this Rule in 2026, owned more than two (2) Units and did not reside in one (1) of such Units shall be grandfathered and exempt from this residency requirement. Such grandfathered status is personal to the Lessor and shall automatically terminate upon the transfer of title to any Unit owned by the Lessor, whereupon compliance with this Rule shall be required.

3. Bldg. # _____ Unit # _____ Purchase Date: _____
   Currently Own and Residing In ☐ Currently Own and Leasing It ☐ Currently Own and It Is Vacant ☐

OWNER (LESSOR) ACKNOWLEDGMENT AND CERTIFICATION

The Owner(s) listed above, singularly or jointly referred to as "Lessor," hereby acknowledge, represent, certify, and agree to the following:

1.	All documentation required for the Association to consider occupancy approval is the responsibility of the Lessor.
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.	No person may occupy a Unit pursuant to a lease until written occupancy approval has been granted by the Association.
4.	The property identified above has been owned by the Lessor for at least twelve (12) months prior to commencement of any lease. Lessor acknowledges 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.
5.	If the Lessor owns more than two (2) Units at On Top of the World, the Lessor certifies that one (1) of the above-identified Units is the Lessor's primary residence. This requirement shall not apply to a Lessor who was grandfathered and exempt from the residency requirement on the effective date of this Rule in 2026.
6.	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.
7. Provisions permitting assignments, holdover tenancy, month-to-month tenancy, and/or subletting are prohibited and shall not be included in the lease. Any handwritten changes to the lease must be crossed out and initialed by the Lessor **and** the Lessee(s). Using the condo in any short-term shared or "interval ownership" manner between related or unrelated parties is prohibited.
8. 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.
9. 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 at least thirty (30) days prior to the expiration of the Association-approved lease term shall not require a new background screening, orientation interview, or application processing fee.**
10. The Unit 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. Further, a lease, whether new or renewed, may not exceed a maximum of one (1) year in length. Units may only be leased in their entirety and no fraction or portion of a unit may be leased.
11. The lease must be fully executed by all parties including signatures and a valid start and end date for the lease period.
12. The Lessor is encouraged to recommend that the Lessee obtain renter's insurance to cover the Lessee's personal property and personal liability.
13. It is the Lessor's obligation to provide the Lessee(s) with a copy of the current Rules and Regulations of On Top of the World Condominium Association, Inc. which may be acquired through the Lessor's AppFolio portal, the Community Service Office, or at otowclearwaterinfo.com. Lessor understands Lessor remains responsible for the conduct of the Lessee, the Lessee's family members, occupants, guests, invitees, and compliance with the governing documents throughout the lease term.
14. 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. **Lessor must relinquish any Activity and Access Cards issued to them prior 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 *or* the Lessee.
15. The Lessor acknowledges that approval of a lease application does not constitute a waiver of any provision of the Declaration, Bylaws, Rules and Regulations, or applicable Association policies, and that any future violation may result in enforcement action by the Association.

OWNER (LESSOR) 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.

LESSOR SIGNATURE	LESSOR NAME	DATE SIGNED
LESSOR SIGNATURE	LESSOR NAME	DATE SIGNED

BLDG#:_____UNIT#:_____

DIRECT OWNER APPLICATION FOR LEASE APPROVAL

APPLICATION TO OBTAIN TENANCY APPROVAL IN A CONDOMINIUM OWNED BY ANOTHER

TENANT (LESSEE) TO COMPLETE PAGE 4 THRU PAGE 8

UNIT ADDRESS _____ **BLDG #** _____ **UNIT #** _____

Lessee 1 Name: _____

Phone: Email:

>>Complete Lessee 2 information only if Lessee 2 is legally married to Lessee 1 and Lessee 2 name is on the lease<<

Lessee 2 Name: _____

Phone: Email:

Current Mailing Address: _____
Street City State Zip

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

EMPLOYMENT:

Is Lessee 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 Lessee 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. Does Lessee 1 and/or Lessee 2 currently own or lease any other condominium 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 a Lessee 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. **Their name must be on the lease and a separate application packet may be required.**

Name	Relationship	Age

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

_____
ADDRESS CITY STATE ZIP

EMERGENCY CONTACTS

(PROVIDE AT LEAST ONE EMERGENCY CONTACT)

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) ACKNOWLEDGMENT AND CERTIFICATION

The Lessee(s) listed on Page 4 of this application, singularly or jointly referred to as "Lessee," 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.	Information provided in this application is voluntary and is true and correct to the best of the Lessee's knowledge. Further, the Lessee 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.
3.	The Lessee agrees to comply with all Governing Documents, Rules and Regulations currently in effect and as lawfully amended from time to time. The Lessor should have provided a copy of the rules to you. The rules are also listed on the Association website at otowclearwaterinfo.com.
4.	No person may occupy a Unit pursuant to a lease until written occupancy approval has been granted by the Association.
5.	The Lessee understands that the Association and the Lessor's insurance may not provide coverage for the Lessee's personal property or personal liability. The Lessee acknowledges the risks of not maintaining renter's insurance during the lease term.
6.	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 to acquire either card. **The Lessor (Owner) 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) shall be returned to the Lessor or directly to the Community Service Office.

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

BLDG#:_____UNIT#:_____

LESSEE (TENANT) 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.

LESSEE 1 SIGNATURE	LESSEE 1 NAME	DATE SIGNED
LESSEE 2 SIGNATURE	LESSEE 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: TRES _____ NONE _____

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

_____

Signature *Title* *Date*

IMPORTANT NOTE FOR RENEWALS

THE SCREENING SOLUTIONS AUTHORITY FOR RELEASE OF INFORMATION FORM AND THE PARKWAY CONSENT FOR BACKGROUND CHECK FORM ARE NOT REQUIRED IF RENEWING FOR A CONSECTUTIVE LEASE TERM IN THE SAME CONDOMINIUM PROVIDED AN UPDATED DIRECT OWNER APPLICATION FOR LEASE APPROVAL, A COPY OF A VALID, UNEXPIRED GOVERNMENT-ISSUED ID FROM A U.S. OR CANADIAN GOVERNMENT ENTITY SHOWING THE LESSEE'S PHOTOGRAPH AND DATE OF BIRTH, OR A VALID, UNEXPIRED PASSPORT, FOR EACH PERSON LISTED ON THE LEASE, AND A COPY OF THE VALID RENEWAL LEASE ARE RECEIVED IN THE OCCUPANCY COMPLIANCE DEPARTMENT NO LESS THAN THIRTY (30) DAYS PRIOR TO THE CURRENT ASSOCIATION APPROVED LEASE TERM.

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 LISTED ON THE LEASE AND WILL RESIDE IN THE UNIT	
SPOUSE'S PRINTED NAME:	
SOCIAL SECURITY NUMBER: (Required)	**DATE OF BIRTH:**
SPOUSE'S SIGNATURE:	
DATE SIGNED:	

BLDG#:_____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 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 WILL BE LISTED ON THE LEASE AND WILL RESIDE IN THE UNIT	
SPOUSE'S SIGNATURE:	
SPOUSE'S PRINTED NAME:	
DATE SIGNED:	