

# **RESIDENT APPLICATION PACKET**

***ALL APPLICATIONS MUST BE PRINTED SINGLE-SIDED***

**As a condition precedent to consideration for approval, each prospective occupant, lessee or purchaser shall appear for an orientation interview with a designated representative of the Association, and submit to a background check and credit check to be arranged by the Association. New background checks for non-owners are required every three years.**

1. Please submit your fully completed resident application packet that includes: (a) the Application, and (b) a valid, government issued photo ID for all parties involved in your specific transaction:
  - A. Place all completed documents, contained in this packet, in an envelope marked to the attention of Lori Sands, 9850 SW 84<sup>th</sup> Court, Suite 200, Ocala, Florida 34481 and hand deliver, or
  - B. Email all documents, except the application processing fees to [otow\\_resident@otowfl.com](mailto:otow_resident@otowfl.com).

## ***INCOMPLETE APPLICATIONS WILL BE RETURNED - PLEASE VERIFY YOUR INFORMATION***

- C. Please contact Lori Sands at 352-854-0805 ext. 7459 or [otow\\_resident@otowfl.com](mailto:otow_resident@otowfl.com) to schedule your orientation interview. Processing fees (as noted below) are collected at the time the appointment is made. All major credit cards are accepted.
- D. A nonrefundable processing fee (see below) must be received at the time of scheduling your orientation.

### **Processing Fees**

In Office	\$75.00
Remote	\$90.00
Rush – Within 5 business days prior to the closing	\$120.00

- E. See below for specific requirements for each ownership transfer type:

### **PURCHASES**

A copy of the sales contract and all addendums are required, prior to scheduling your orientation. This is normally supplied to us by your realtor.

### **INHERITANCE**

A copy of: the death certificate and documentation verifying that you are inheriting the dwelling (e.g., Last Will & Testament or the first three pages of trust document a/k/a Articles of the Trust); or life estate deed. We also need the name, address, and phone number of the attorney who is handling your inheritance (these documents should be provided with your application).

### **DEED TRANSFER**

Please provide documentation verifying the proposed or executed deed change (document from legal counsel).

***If you have any questions concerning the application or the orientation process, please send a detailed email to [otow\\_resident@otowfl.com](mailto:otow_resident@otowfl.com) or leave a detailed message at 352-854-0805 ext. 7459.***

**OWNER – OCCUPANT APPLICATION**  
*APPLICATION FOR THE PURCHASE OF A DWELLING, A DEED CHANGE, OR AN INHERITANCE*

**PROPERTY ADDRESS:** \_\_\_\_\_

Applicant Name \_\_\_\_\_ Applicant on the deed?

Applicant Phone \_\_\_\_\_ Email \_\_\_\_\_

Co-Applicant's Name \_\_\_\_\_ On the deed?

Co-Applicant's Phone \_\_\_\_\_ Email \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Own  Rent  \_\_\_\_\_  
*Street City State Zip*  
\_\_\_\_\_  
*Landlord's Name Landlord's Phone Rent Amount*

**OCCUPANCY**

1. Reside Full-Time  Reside Part-Time  Lease Unit  Non Owner  \_\_\_\_\_  
*If marked, please indicate your intention for the dwelling*
2. Will at least one person residing in the unit be 55 years of age or older? **Please initial: Yes** \_\_\_\_\_ **No** \_\_\_\_\_
3. Are you currently, or were you previously, an owner at On Top of the World? Yes  No   
If yes: address: \_\_\_\_\_
4. Have either applicant or co-applicant ever been convicted of a felony Yes  No

**EMERGENCY CONTACTS**

***(THREE ARE REQUIRED – 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 RESIDENT SERVICES OFFICE OF ANY CHANGES AFTER CLOSING***

**ASSOCIATION MAILINGS**

Would you like Association correspondence mailed to your new address after closing? YES  NO

If NO, please list below, the address where you would like to receive official correspondence from the Association:

\_\_\_\_\_  
*Address* *City* *State* *Zip Code*

**TITLE COMPANY OR THE ATTORNEY HANDLING THE TRANSACTION**

Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
*Address* *City* *State* *Zip Code*

**REALTOR INFORMATION**

Your Realtor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Company Name \_\_\_\_\_ Email \_\_\_\_\_

**All applicants, please initial on line below to acknowledge that you understand and agree to the following:**

\_\_\_\_\_ On Top of the World is an age-restricted community under the Federal Fair Housing Act and Florida Civil Rights Act and accordingly I/We will not permit the unit to be occupied unless at least one person occupying the unit is 55 years old or older and no one under the age of 17 shall reside in the unit.

\_\_\_\_\_ The unit shall not be used in any short-term shared or "interval ownership" manner between related or unrelated parties.

\_\_\_\_\_ I/We agree that, in the event we elect 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, with a maximum of three years.

\_\_\_\_\_ I/We understand each approved occupant is entitled to one (1) Identification Card, fees may apply.

\_\_\_\_\_ I/We may not finance/refinance this unit for more than 80% of the purchase price.

\_\_\_\_\_ It is my/our obligation to carry sufficient insurance on the dwelling to cover the cost of replacement in the event of loss. Tenants shall carry renter's insurance to cover their personal belongings.

\_\_\_\_\_ Animals are limited to 2 (two) for usual and customary household pets, such as dogs and cats.

\_\_\_\_\_ No display of signs is permitted, posted or displayed in a manner as to be visible from the exterior of any Dwelling, on any Lot, or elsewhere in the Community.

\_\_\_\_\_ No loading or unloading of trucks, trailers or containers shall be permitted during non-daylight hours or on Sundays or legal holidays without the prior written consent of the Association.

\_\_\_\_\_ I/We understand that the property being purchased is subject to membership in a mandatory homeowner's association. The association collects a community service fee, payable monthly. By signing the Application for Approval of Ownership, I/we accept and agree to pay the community service fee through monthly automated clearing house debit (auto-debit) of a checking or savings account designated by me/us.

\_\_\_\_\_ I/We are (in fact) the only person(s) involved in this transaction and will have sole interest in the property and affirm that no other person(s) will have ownership or occupancy rights without the approval of the Board of Directors of the Association.

\_\_\_\_\_ I/We am/are aware of and agree to abide by the Declaration, the Articles of Incorporation, Bylaws, and any and all Rules & Regulations and Community Standards in effect within the terms of my ownership. I/we acknowledge all of these documents are recorded in the Marion County Official Records Division and I/we have received the documents.

\_\_\_\_\_ I/We state the information provided in this application is given voluntarily and is true. I/we agree that Association (or its designee) may investigate my/our application for purposes that may help determine approval to reside at On Top of the World.

\_\_\_\_\_ I/We understand and consent to submit to background screening, to be arranged by a designated representative for the Association, every three (3) years if we are not on the deed to the home.

\_\_\_\_\_ I/We understand that shall we not submit a completed resident application packet and complete a background/credit check timely, that a delay in closing or occupancy may occur.

Sign below while in the presence of a Notary. Any Application not notarized at the time of submittal will be returned to the applicant.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Co-Applicant Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who ( ) is/are personally known to me or who ( ) produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
*Notary Signature*

\_\_\_\_\_  
*Notary Seal*

**BELOW FOR ASSOCIATION USE ONLY**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_ Fee Paid \_\_\_\_\_

Recommended Yes  No  # of ID Cards \_\_\_\_\_ Resident Type(s) \_\_\_\_\_

Board of Directors Action: Accepted  Not Accepted

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*