

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 within five (5) days of contract 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 84th Court, Suite 200, Ocala, Florida 34481 and hand deliver, or
 - B. Email all documents, except the application processing fees to otow_resident@otowfl.com.

INCOMPLETE APPLICATIONS WILL BE RETURNED - PLEASE VERIFY YOUR INFORMATION

- C. To schedule your orientation interview, please call 352-854-0805 ext. 7459 or email otow_resident@otowfl.com. Processing fees (as noted below) are collected at the time the appointment is made. All major credit cards are accepted. New home purchasers' non-refundable processing fees will be part of the settlement.
- D. A nonrefundable processing fee (see below) must be received at the time of scheduling your orientation.

Processing Fees

In Office Interview	\$100.00
Remote Interview	\$100.00
Rush – Within 5 business days prior to the closing	\$150.00

- 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 or leave a detailed message at 352-854-0805 ext. 7459.

OWNER – OCCUPANT APPLICATION

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 <input type="checkbox"/>	Rent <input type="checkbox"/>	Street _____	City _____	State _____	Zip _____
			Landlord's Name _____	Landlord's Phone _____	Rent Amount _____	

OCCUPANCY

1. Reside Full-Time ☐ Reside Part-Time ☐ Lease Unit ☐ Other ☐ _____
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 3 (three) 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 check timely, that a delay in closing or occupancy may occur. I/We understand that the processing fees are nonrefundable.

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

2. **Background Screening: Complete your background/credit screening, through Accurate Background Check, within five (5) days of contract:**

- a. To perform your background/credit screening, please click on the following link by using a computer, smart phone, tablet, or other electronic device to access the Accurate Background Check application: <https://ontopoftheworld.quickapp.pro>
- b. Call Accurate Background Check directly at 352-291-1155 to obtain the application.

Please Note: Accurate Background Check is not affiliated with On Top of the World Communities, LLC. All screening fees are paid directly to Accurate Background Check. Should you have any questions with regard to fees or background screening, please contact Accurate Background Check directly at 352-291-1155.