Sweetwater Community, Inc. 4635 U S Highway 17/92 West Haines City, Florida 33844-6257 (863) 956-3822, Fax (863) 956-1995

## NOTICE OF INTENT TO PURCHASE AND APPLICATION FOR OCCUPANCY

The purpose of this notice of intent is primarily intended to provide Sweetwater Community, Inc. information on:

1. HUD qualification update for 55 years or older verification

Establish control of Management files

2. Internal information as to whom are legal or qualified occupants to receive member cards and gate openers

All information shall be considered as Confidential Corporation Records. All Buyers are notified that Deed Restrictions, Rules and

3. Emergency contact information

4.

*Application Date://20	**Property Address	3:		Ha	ines City, F	L 33844
*Owner name(s): 1)						
2)						
Number of Persons to reside in res	idence:					
Names of Permanent Residents 1)						
2)			······································	·····		
*Will you be the occupant Full Time Part Time Seasonal Rental purchase on						nly
*MAIL ADDRESS: Will you use the p	property address abov	e for year round i	mail? Yes _	No If	no, comple	te the following:
	0.4					
ther Mail Address:	City		St	Zip		
	Email Addres					
Phone: ()	Email Addres	ss		- · · · · · · · · · · · · · · · · · · ·	·····	ion.)
Phone: () Cell Phone: Note: If you change your mailing add	Email Addres	e contact the Busi	iness Office	with your ne	w informati	ion.)
Phone: () Cell Phone: Note: If you change your mailing add *In case of emergency, notify:	Email Addres	e contact the Busi	iness Office	with your ne	w informati	ion.)
Phone: ()  Cell Phone:  Note: If you change your mailing add  *In case of emergency, notify:  Phone ()	Email Addres	e contact the Busi	iness Office	with your ne	w informati	·
Other Mail Address: Phone: () Cell Phone: Note: If you change your mailing add *In case of emergency, notify: Phone () *Their address: *Residents Vehicle Info: Auto:	Email Addres	e contact the Busi	iness Office	with your ne	w informati	·

Card, Military ID, or any other comparable State, Local, National, or International Official documents containing a birth date may be used to verify a resident's age. No person under fifty (50) years of age may reside in Sweetwater Community, Inc. is a single family

\*\* One resident is fifty-five (55) years of age or older & other Resident is a minimum age of fifty (50) years or older.

A background check will be run on each applicant.

resident owned community.

TRUE\_\_\_\_FALSE\_\_\_

** PETS: The Corporation must approve all pets before being permitted to reside in Sweetwater. No more than 2 pets are permitted in the home. No pet may weigh more than 20 pounds. While outside all pets must be kept under leash at all times, except in the fenced in dog area by #11, exercised in the designated areas within Sweetwater. Pet owners are responsible for the removal of their pet's litter from their lots and all other areas of Sweetwater. Walking leashed pets on the streets only is permitted. However, pet owners must comply with all applicable state, county, city and local ordinances regarding their pets, i.e. licensing, inoculations, etc. Pets are not permitted in any of the recreation areas or Clubhouse of Sweetwater. Animals used for assistance of the handicapped such as Seeing Eye dogs will be permitted in the community and community buildings.
**How many pets 1 2 Proof of vet records (Must be attached) Yes No
Pet immunization records must be updated annually, January of each year.
** ITEMS THAT MUST BE ATTACHED TO THIS APPLICATION: ID WITH AGE Pet Immunization Records
**I have received, read and agree with the Rules and Regulations of Sweetwater Community and by signing below will adhere to these
rules as written.
BUYERS MUST HAVE REAL ESTATE CLOSING AGENT CONTACT THE SWEETWATER BUSINESS OFFICE PRIOR TO CLOSING. BUYERS NEED TO OBTAIN PAPER COPIES OF SWEETWATER'S BY-LAWS, AND RULES AND REGULATIONS FROM THE SELLER OR REAL ESTATE AGENT. THE REAL ESTATE CLOSING AGENT OR NEW OWNER MUST PROVIDE A COPY OF THE DEED OR CLOSING STATEMENT AS PROOF OF TITLE TRANSFER TO THE SWEETWATER BUSINESS OFFICE.  Thank you and may your residency at Sweetwater be a happy celebration, good health and long life.
THIS SECTION FOR MANAGEMENT USE
APPROVED:DISAPPROVED: DATE:/20