

APPLICATION FOR OCCUPANCEY AS A REGISTERED RESIDENT

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

A. Proof of age as 50 years or older, per the Fair Housing Amendment Act of 1988 (herein known as "The Act") and Part 2, section

B. Age Requirements of the Sweetwater Rules and Regulations.

Please complete this form:

1. Date: _____

2. Property address at which the Resident will reside:

3. Name of Registered Resident:

4. Name(s) of owners of property:

a. _____

b. _____

5. Phone Number: _____

6. Relationship to homeowner(s):

7. Does the Registered Resident own a vehicle?

Yes: _____ No: _____

If yes: Make of vehicle _____ Tag #: _____

8. Emergency Contact Information:

Notify: _____

Relationship to Registered Resident: _____

Phone: _____

I agree to abide by all Sweetwater Rules and Regulations, I further acknowledge that by signing this form I have given my true age. I will include a copy of my Driver's License or other Federal picture ID.

Signature: _____