

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
2. Internal information as to whom are legal or qualified occupants to receive member cards and gate openers
3. Emergency contact information
4. Establish control of Management files

All information shall be considered as Confidential Corporation Records. All Buyers are notified that Deed Restrictions, Rules and Regulations govern the property. Please complete this form. If you need additional space, use the back of this page or add pages. Information marked with asterisks \*\* is required. If not marked, information is optional.

\*\*Application Date: \_\_\_/\_\_\_/20\_\_\_ \*\*Property Address: \_\_\_\_\_ Haines City, FL 33844

\*\*Owner name(s): 1) \_\_\_\_\_  
2) \_\_\_\_\_

\*\*Number of Persons to reside in residence: \_\_\_\_\_

\*\*Names of Permanent Residents 1) \_\_\_\_\_  
2) \_\_\_\_\_

\*\*Will you be the occupant Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Seasonal Rental purchase only \_\_\_\_\_

\*\*MAIL ADDRESS: Will you use the property address above for year round mail? Yes \_\_\_ No \_\_\_ If no, complete the following:

Other Mail Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: \_\_\_\_\_  
(Note: If you change your mailing address or phone, please contact the Business Office with your new information.)

\*\*In case of emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

\*\*Their address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

\*\*Residents Vehicle Info: Auto: \_\_\_\_\_ Tag # \_\_\_\_\_

RV: \_\_\_\_\_ Tag # \_\_\_\_\_ Boat/Trailer: \_\_\_\_\_ Tag # \_\_\_\_\_ (\*If space permits for storage parking)

\*\*RE: HUD – Update information must be provided once every two (2) years to verify that this community continues to qualify for operating as housing for persons 55 years of age or older. At least 80% of our occupied units must be occupied by one person 55 years of age or older. The rules provide that reliable documents such as a Birth Certificate, Driver's License, Passport, Immigration 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 resident owned community.

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

TRUE \_\_\_\_\_ FALSE \_\_\_\_\_

- A background check will be run on each applicant.

**\*\* 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\_\_\_\_

Authorized Signature: \_\_\_\_\_