



Guidelines for Purchasing Property in Solivita

- ❖ **No new homeowner walk-ins will be processed in the Membership Office unless paperwork has been submitted prior to their visit.**

For a smooth transition into the Solivita Community, it is necessary that the following registrations are provided at least two weeks prior to the closing date. When submitted to the Membership Office, acknowledgement of receipt will be provided and records will be created pending the purchase. This information provides the base for the new resident records in the Membership and Gate House database and ensures a quick in-processing for new owners.

- Age Verification Form, completed including signatures of all new residents
- Driver Licenses for all new residents listed on the Age Verification Form
- Solivita Auto Registration Form
- State Registration for all cars, showing ownership or lessee for every vehicle
- Informed Consent for all new residents
- PAR-Q for all new residents

- ❖ **There must be one person 55 years or better occupying the home.**

- ❖ After closing, **ONE** of the following documents are required for proof of ownership:

- Final Closing Disclosure Statement – signed by buyer and seller
- Final HUD Statement – signed by buyer and seller
- ALTA Settlement Statement – Combined - signed by buyer and seller
- Warranty Deed, recorded by Polk County – usually not immediately available

The closing document may be emailed to the Membership Office directly from the Title Company, or if title prefers, forwarded from your personal email account. New Residents may also provide them when they arrive in our office. Please note: records will NOT become active (or visible to the gates) until proof of ownership is provided. On Monday-Friday, Non-Active new residents should arrive at the Main Gate and state they are visiting with the Membership Office to complete new resident records.

Please note that all documents collected at Closing are sent to the Evergreen Corporate Office in Orlando and are not provided to the Membership Office. For this reason, the forms above need to be completed and submitted to the Membership Office.

- ❖ When new owners visit Membership, they will be provided with a new resident membership packet with detailed information on the Solivita Community, phone directory, maps, etc. New Resident Orientations are offered on Thursdays, by APPOINTMENT ONLY, in a group setting from 10 am to 11:30 am. Appointments can be made thru Membership or by calling Peggy Biwer at 863-420-5692.
- ❖ Resident ID Badges will also be provided for access to the amenities only when all forms have been provided with signatures. Two Memberships are included with the monthly Club Dues. Any

memberships over two require proof of residency prior to issuing ID's. Proof of residency would be a FL driver's license or FL State ID with the Solivita home address. Occupant ID's are \$15.00 per year and require proof of residency at renewal.

- ❖ It is important to provide all car registration information as License Plate Recognition is the new gate access system. There are cameras located in all resident lanes. The vehicle should be driven slowly up to the gate without stops and starts. The camera will read the information on the license plate and any ACTIVE records will allow entry. If resident records are active and gate access does not work properly, contact the Membership Office with: Date, time and name of gate. Membership will trouble shoot "read" errors on the gate cameras.
- ❖ Transponders are the old gate entry system and belong to the property. They should be transferred to any new owners at time of sale. Transponders are considered the "back-up" in the event new residents have trouble with License Plate Recognition. Transponders are no longer available in Administration.
- ❖ It is the responsibility of the Homeowner and Realtor to notify the Membership office when there is a purchase pending. The Membership Office works diligently to enable the smooth transition for all new residents, however, without the purchase pending information we cannot be prepared for new resident arrival at the gates or in the office. Remember, the Gate House cannot grant access to new residents or any visitors/deliveries if they cannot see their records. Only "active" records are visible to the Gates.
- ❖ Moving vans and trailers are not allowed to park overnight in resident driveways or on the streets. Parking permits can be purchased thru Membership for up to 4 nights only. PODS that are delivered to homes are only allowed on driveways and must contact the Compliance Department with delivery dates and length of time prior to delivery at 863-427-7032.
- ❖ If the home purchased is intended for lease, only the Tenants (those persons occupying the Home) shall be entitled to exercise the privileges of a Member with respect to such Home; however, the Owner and Lessee shall be jointly and severally liable for all Club Dues under the Solivita Club Plan, paragraph entitled, "Member." Homeowners are transferring the Club privileges and the gate access to this home over to the Lessee. Homeowners are not allowed to use their ID Badges, and use of transponders for this home are to be given to the Tenant during the term of the lease unless they own and occupy another Solivita property. Please contact the Membership Office for more information on leasing a property.
- ❖ Please remember to submit completed forms listed above for all that will occupy the home. This information may be submitted to SolivitaMembership@Evergreen-LM.com or fax these documents to the Solivita Homeowners Association at 863-496-4456.
 - **The application is validation that one person occupying the home is 55 or better.**
 - These forms are attached and also available at the Solivita Membership office and the Community Association office, which is located in the Administration Building, or on the Solivita HOA Website.

For additional information, please contact the Membership office at 863-427-7143, or 863-866-8690. Thank you for your cooperation.

AGE VERIFICATION FORM

Send one copy immediately to Solivita Membership, and the original with closing documents.



395 Village Drive, Kissimmee, FL 34759
SolivitaMembership@Evergreen-LM.com
Phones: 863-866-8690 or 863-427-7143
Fax: 863-496-4453



The Proposed Occupants named below, will occupy the following address located in the Solivita Active Adult Community

Address: _____ Kissimmee, FL 34759

Closing Date _____ or Lease Term - From: _____ To: _____

Solivita Community Association Inc. IS INTENDED TO BE OPERATED FOR OCCUPANCY BY PERSONS FIFTY-FIVE (55) YEARS OF AGE OR OLDER. Solivita Community Association Inc. IS OBTAINING THIS AGE VERIFICATION IN ACCORDANCE WITH THE HOUSING FOR OLDER PERSONS ACT (AS DEFINED IN THE FAIR HOUSING ACT, TITLE VIII OF THE CIVIL RIGHTS ACT OF 1968, AS AMENDED, 42 U.S.C. § 3601, ET SEQ.) AND THE REQUIREMENTS OF THE DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS FOR Solivita Community Association Inc.

- 1) Acknowledgment of Occupancy Requirements** The proposed occupants hereby acknowledge receipt of a copy of the Declaration of Covenants, Conditions and Restrictions for **Solivita Community Association Inc.** and all amendments thereto ("CC&Rs"), and agree to comply with the CC&Rs, as amended from time to time, and any Rules adopted by the **Solivita Community Association Inc.** (the "Association") that govern occupancy requirements.
- 2) Age Certification** The proposed occupants hereby certify that (i) the following person(s) 55 years of age or older occupy or will occupy the Residential Unit, (ii) no person under 18 years of age occupies or will occupy or reside in the Residential Unit, and (iii) the documentation listed below, which is used to verify the age(s) of the occupants, is valid and correct.
- 3) Resale or Lease of Premises** Any owner agrees to deliver to any purchaser or lessee of the Residential Unit the CC&Rs and any Rules, shall notify the Association in the event of any change in occupancy and agrees to otherwise comply with the age restriction provisions set forth in the CC&Rs.

Provide the Names, Ages and Birth dates of ALL Proposed Persons occupying the Unit. Please Print.

<u>Name</u>	<u>Birth Date</u>	<u>Phone Number</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

Please attach a copy of age verification: driver's license, birth certificate, passport, immigration card, military identification or other similar evidence.

I hereby certify that I am of legal age and am or will be a member of the household that resides or will reside at as set forth above, and that the above information is true and correct.

<u>Signature</u>	<u>Email Address</u>
_____	_____
_____	_____
_____	_____
_____	_____

Dated: _____

License Plate Registration Form

Submissions can be made directly to: SolivitaMembership@Evergreen-LM.com

Only Residents (Owners, Occupants & Tenants) registered with the Membership Department will be entered into the system.

Only Vehicles registered to a resident with a State or other Government Issued Registration presented as validation will be entered into the system.

State Registrations MUST be attached for entry into the LPR System.

- NEW REGISTRATION, Never Previously Registered
- Same Car, NEW Plate
- ADDITIONAL Car, Add to Existing Car Records
- NEW Car, Same Plate, Replaces Make: _____ Model _____
- NEW Car, NEW Plate, Replaces Make: _____ Model _____

Any Resident with a rental vehicle will need to present a rental agreement with the necessary information as validation to be entered into the system.

<i>Print Name</i>	<i>Owner Signature</i>
<i>SOLIVITA Address</i>	<i>Joint Owner Name</i>
<i>Phone</i>	<i>eMail</i>

Please List below all vehicles requiring gate access.

ATTACH your State Issued Registration for each listed below for verification.

MAKE	MODEL	YEAR	COLOR	LICENSE PLATE NUMBER	Registration Verified by Administration

Date: _____ **Registration Verified by:** _____



INFORMED CONSENT AGREEMENT AND WAIVER

RESIDENT NAME: _____ I AM A RENTER: YES / NO

RESIDENT NAME: _____ I AM A RENTER: YES / NO

RESIDENT ADDRESS: _____

Thank you for using the Solivita Club and Club Facilities as such term is defined in the Amended and Restated Solivita Club Plan recorded in Official Records Book 9142, Pages 1678-1725 of the Public Records of Polk County, Florida and the Amended and Restated Master Declaration for Solivita recorded in Official Records Book 9142, Pages 1843-2018 of the Public Records of Polk County, as amended (collectively the "Community Documents"). A copy of the Community Documents are available at <https://www.solivitahoa.com/pdf.php?IFileID=8938>. Hard copies are available upon request and with proper ID. The owner and management of the Solivita Club and Club Facilities require your understanding and cooperation of safety and health considerations by reading and signing this Informed Consent and Waiver Agreement (this "Consent").

I declare that I intend to use some or all of the activities and services offered by the Club and Club Facilities (including but not limited to the various fitness center(s) within the Solivita Community (the "Fitness Center") and I understand that each person (myself included) has a different capacity for participating in such activities and services. I assume full responsibility during and after my use of the Club, Club Facilities and the Fitness Center and fully understand and agree that I will use the same at *my own risk*, and this includes, without limitation, any portion of any information or instruction I may receive and/or facilities or equipment I use. I have read and agree to comply in all respects with the written rules and regulations for use of the Club, Club Facilities and Fitness Center.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity or service of the Club and Club Facilities (including the Fitness Center), and/or the use of any equipment therein brings with it my assumption of those risks, which include, without limitation, the results which may stem from this choice.

I also recognize that by participating in the activities and services offered by the Club and Club Facilities (including those within the Fitness Center), or by using any equipment therein, I may experience potential health risks and I willfully assume those risks. I acknowledge my obligation to immediately seek medical assistance if I experience any pain, discomfort, fatigue or any other symptoms that I may suffer during and/or after my use of any amenities in the Club and Club Facilities, including, without limitation, the Fitness Center. I understand that I may stop or delay my participation in any activity if I so desire and will immediately stop if I experience any pain, discomfort, fatigue or any other symptoms that I may suffer during and/or after my use of the Fitness Center or any other amenities and/or property of the Club and/or Club Facilities.

Under no circumstances does the owner of the Club and Club Facilities have any obligation or responsibility to provide any staff whatsoever within the Fitness Center or any other Club Facilities, and part of my agreement to use the Fitness Center (or any other Club property and/or Club Facilities) includes my understanding and acknowledgement that the owner of the Club and Club Facilities, including the Fitness Center, has no obligation to provide any staff, or that any staff that is provided will not be expected to provide any medical assistance or to otherwise recognize or advise me with regard to any issues. Notwithstanding the foregoing, if and to the extent I am requested to stop and rest by an employee who observes any symptoms of distress or abnormal response (without any obligation or expectation to do so), then I will comply with such directions. I do hereby fully and completely assume all risk and responsibility for my participation in activities, and utilization of equipment and machinery in my activities.

My assumption of risk herein explicitly includes, without limitation and in addition to the health and fitness risks associated with use of the Fitness Center and the equipment therein the inherent risk and danger associated with using exercise equipment and machinery and any and all damage or injury that may result in connection with my use thereof. I agree not to use any machinery or equipment unless and until I have been full trained as to the proper use and technique thereof, and in such event, I do fully and explicitly assume any and all risk associated therewith.

On behalf of my heirs, beneficiaries, dependents and personal representatives, I do hereby agree to release, indemnify and hold harmless Avatar Properties Inc., AV Homes, Inc., and Evergreen Lifestyles Management, and all of their respective affiliates, subsidiaries, officers, directors, shareholders, partners, members, employees, agents and assigns, including the instructor or person directly involved with the facilities in the Club and/or Club Facilities, for any matter whatsoever with regard to any injuries, claims, costs, demands, judgments, expenses, damages, and responsibilities which may occur from my usage, activities and involvement at the Fitness Center or any other Club Facilities and Club services in the Solivita Community.

I DECLARE THAT THE TERMS OF THIS CONSENT HAVE BEEN COMPLETELY READ, ARE FULLY UNDERSTOOD, AND THAT I HAVE HAD THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY PRIOR TO EXECUTING IT. I VOLUNTARILY ACCEPT THIS INFORMED CONSENT AGREEMENT FOR THE PURPOSE OF MAKING A FULL AND FINAL COMPROMISE AND SETTLEMENT OF ANY AND ALL CLAIMS, DISPUTED OR OTHERWISE, RELATED TO THE ABOVE STATED PARTIES AND THE ACTIVITIES DESCRIBED ABOVE.

IF THE PARTICIPANT IS A **MINOR**, THEN THE GUARDIAN SIGNING ON BEHALF OF THE MINOR BELOW AGREES TO EACH OF THE TERMS AND CONDITIONS SET FORTH HEREIN ON BEHALF OF THE MINOR AS IF THE MINOR HAS EXECUTED THIS CONSENT AND IN ADDITION TO THE INDEMNITY SET FORTH ABOVE, EXPLICITLY AGREES TO INDEMNIFY, DEFEND AND HOLD HARMLESS AVATAR PROPERTIES INC., AV HOMES, INC., EVERGREEN LIFESTYLE MANAGEMENT, AND ALL OF THEIR RESPECTIVE AFFILIATES, SUBSIDIARIES, OFFICERS, DIRECTORS, SHAREHOLDERS, PARTNERS, MEMBERS, EMPLOYEES, AGENTS AND ASSIGNS, INCLUDING THE INSTRUCTOR OR PERSON DIRECTLY INVOLVED WITH THE FITNESS CENTER, FOR ANY MATTER WHATSOEVER WITH REGARD TO ANY INJURIES, CLAIMS, COSTS, DEMANDS, JUDGMENTS, EXPENSES, DAMAGES, AND RESPONSIBILITIES WHICH MAY OCCUR FROM SAID MINOR'S USAGE, ACTIVITIES AND INVOLVEMENT AT THE FITNESS CENTER OR ANY OTHER CLUB PROPERTY AND CLUB FACILITIES. I agree that Electronic Transfer (i.e. PDF, email and scan) of this Waiver will be treated and relied upon by all party's original authentic signature.

Name (Please Print)	Signature	Date
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Name (Please Print)	Signature	Date
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PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.