GEM ESTATES MHV ASSOC., INC.
CAREGIVER AGREEMENT

GEM ESTATES MHV ASSOC., INC, a Florida not-for-profit corporation,(the **Association**) deed restricted community in Zephyrhills, Florida, a resident owned 55 and older mobile home park (the **Community**) grants permission for_____ (the **Caregiver)** to occupy _____(address) as the caregiver for _____ (the **Resident**) for so long as the resident resides in the community and needs care.

The caregiver understands and agrees that he or she must pass a background screening prior to moving in and also understands and agrees that this approval is for temporary residence in the community in order to act as caregiver to the resident, and when the resident no longer resides in the community or no longer is in need of care, the caregiver will not be authorized to remain in the community. The caregiver agrees to leave the community within two weeks of the date the resident leaves the community or no longer needs a caregiver. The resident must have documentation from Physician that he/she is in need of a caregiver.

This authorization is granted only to the caregiver named in this agreement. Any change of caregiver will require separate authorization from the Association. This agreement does not constitute approval of the caregiver for permanent residency in the community. If the caregiver desires to become an approved permanent resident of the community, the caregiver must apply for permanent residency, comply with the Association's controlling documents, and receive approval from the Association for permanent residency.

_____ _____
Date President Board of Directors (signature)

I agree to the foregoing terms and conditions for temporary residency as a caregiver. I have received a copy of the Association's controlling documents, including, without limitation, the rules and regulations of the Association, and I agree to abide by them while residing in the community. I understand that this agreement does not constitute approval by the Association to be a permanent resident of the community.

_____ _____
Date Caregiver (signature)

_____
(Printed name)

_____ _____
Date Owner (signature)

_____
(Printed name)