

OAKS NORTH COMMUNITY CENTER, INC.

"A 55+ Community in Rancho Bernardo"

12578 Oaks North Drive, San Diego, California 92128-1699

Telephone (858) 487-0120 Website: www.oaksnorthcommunity.org

REQUIRED AGE VERIFICATION FORM **TO BE COMPLETED PER RESIDENT**

DATE COMPLETED: _____

Pursuant to state and federal law, every owner or resident of a home in Oaks North **MUST** complete an age verification form to certify his or her eligibility to reside in Oaks North, an Age Restricted Community, 55+ age. *All residents* must provide a proof of age with photo ID (driver's license, passport or equivalent). If there is a change in persons residing in the home, a new age verification form must be submitted for each person. If you have questions about how to complete this form or if you need more forms, please contact our office. Forms and age verification information will be held in confidence to the extent permitted by law. Oaks North Community Center, Inc. reserves the right to verify any information given below. Failure to comply will result in a \$100 fine.

Directions: 1. SECTIONS A, B, C or D OF **PART 1** MUST BE COMPLETED BY EVERY PERSON *RESIDING* IN EACH HOME WITHIN OAKS NORTH (whether owners or renters).
2. OWNERS WHO **DO NOT** RESIDE IN OAKS NORTH SHOULD SKIP TO **PART 2**.
3. **PART 3** MUST BE COMPLETED BY ALL PERSONS SUBMITTING THIS FORM.

I am the _____ Owner _____ Resident _____ Tenant

Property Address: _____

Member # _____

Printed Name

Signature

Phone Number

Email Address

Printed Name

Signature

Phone Number

Email Address

(By providing the email address I consent to be contacted for association business only)

PART 1- To Be Completed by Residents Living in the Home

- A. I am/we are 55 years of age or older, and have attached copies of verification to this form.
- B. I am not a person 55 years of age or older, but I provide live-in, long-term or terminal health care to _____ who resides in the home.

- C. I am not a person 55 years of age or older, but I moved in with _____, the qualifying person that met the 55 + age requirement. If the age 55+ resident no longer resides at the above property address, I certify that the 55+ resident no longer resides in the home because:
- a. his/her death; OR
 - b. his/her hospitalization; OR
 - c. his/her prolonged absence from the property; OR
 - d. dissolution of our marriage

I also certify that I am:

- a. 45 years of age or older; OR
- b. the spouse or cohabitant of the senior; OR
- c. I am providing primary physical or economic support to _____, who is a resident of the home.

- D. I am not a senior, but I am a disabled person who is a child or grandchild of a senior citizen or other qualified resident. I certify that I need to reside with the other qualified residents in the residence because _____.

(If the person on whose behalf this form is submitted is not capable of executing the form, please have the person responsible for the care of such underage person complete the form and execute it on his/her behalf.)

Name of Legal Representative

Address

Phone Number

PART 2

THIS SECTION SHOULD BE COMPLETED BY NON-RESIDENT (OFF-SITE) OWNERS

Per Civil Code 4041: I attest that this is or is not a rental unit.

YES

NO

As the owner of record, I verify that every resident of my home, located at the primary address meets the age restriction requirement. The names and contact information of my tenants are:

Tenant Printed Name

Tenant Phone

Tenant Printed Name

Tenant Phone

Phone Number

Email Address

(By providing the address I consent to be contacted by email for association business only)

Offsite Mailing Address: _____

Alternate or secondary address _____

PART 3 CERTIFICATION AND SIGNATURE

AS A RESIDENT OF OAKS NORTH COMMUNITY, I HAVE ATTACHED PROOF OF AGE TO THIS FORM AND I CERTIFY THAT IT IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT. I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.

Printed Name

Signature

Printed Name

Signature

PLEASE BE ADVISED THAT THE INFORMATION CONTAINED IN THE QUESTIONNAIRE WILL BE MAINTAINED IN CONFIDENCE BY THE COMMUNITY CENTER TO THE GREATEST DEGREE POSSIBLE. YOUR COOPERATION IS ESSENTIAL TO OUR CONTINUED RIGHT TO OPERATE AS A SENIOR COMMUNITY, AND WE THANK YOU! DO NOT FORGET TO ATTACH YOUR PROOF OF AGE (Except Non-Resident Owners)

EMERGENCY CONTACT INFORMATION

PLEASE PROVIDE EMERGENCY CONTACT INFORMATION. THIS INFORMATION WILL ONLY BE GIVEN, UPON REQUEST BY THE POLICE DEPARTMENT, FIRE DEPARTMENT, NEIGHBORHOOD WATCH, EMERGENCY PREPAREDNESS OR YOUR HOMEOWNERS ASSOCIATION.

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Address: _____

Phone: _____ Alternate Phone: _____

OFFICE USE ONLY:
Date Received: