

# 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](http://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, or C 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 is a person with a disabling illness or injury who is the child or grandchild of the senior citizen who needs to live with the senior citizen because of the disabling condition.

To qualify as a permitted health care resident, the service provided must be substantial in nature and must provide assistance with either necessary daily activities or medical treatment or both.

C. [ ] I am a person 45 years of age or older, or a spouse, co-habitant (persons who live together as husband wife or persons who are domestic partners with the meaning of Section 297 of the Family Code) or someone providing primary physical or economic support to a senior; and was residing with the senior citizen prior to the death, dissolution of marriage, upon hospitalization or other prolonged absence.

If the 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 meet the requirements because I am:

- a. [ ] 45 years of age or older; AND
- 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.

Temporary residence by persons less than 45 years of age (guests) are permitted for a period not to exceed sixty (60) days in any (12) month period.

(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.)

<b>Name of Legal Representative</b>	<b>Address</b>	<b>Phone Number</b>

**PART 2**  
**THIS SECTION SHOULD BE COMPLETED BY NON-RESIDENT (OFF-SITE) OWNERS**

<b>Per Civil Code 4041: I attest that this is or is not a rental unit.</b>	
<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>

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

In order to meet the federal and state requirements for senior communities, the Center must maintain information regarding residents living in the community. State law requires information on each resident, and federal law requires senior communities to be able to demonstrate that at least 80% of the occupied units are occupied by at least one person 55 years of age or older. In order to meet this requirement, the Center periodically performs surveys of residents' ages and related information. Surveys are conducted in January every odd year. The completed form will be held in confidence, and the information contained thereon will not be disclosed unless required in connection with a challenge to the Center's status as a senior citizen housing development.

**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**

**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:**