

**2019 OWNER/RESIDENT AGE VERIFICATION FORM**

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 55+ senior community. *All residents* must provide a proof of age with photo ID (driver's license, passport or equivalent). Whenever there is a new resident in the home, a new age verification form must be submitted. 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.

- 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 tenants).
  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.

**PART 1**

I am the        \_\_\_ Owner        \_\_\_ Resident        \_\_\_ Tenant

- A.     I am / we are 55 years of age or older. I have attached a copy of proof of age 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 \_\_\_\_\_ is a person 55 years of age or older ("the senior"), who resides (or formerly resided) in this residence; the senior either moved into the residence with me, or before I moved into the property.
- If the senior no longer resides in this residence, I certify that the senior left the residence because of:
- 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.)

**(Part 2) ONLY NON-RESIDENT OWNERS SHOULD COMPLETE THIS SECTION.**

All the residents of my home, located at \_\_\_\_\_; San Diego, CA 92128, are listed by name and age as follows:

\_\_\_\_\_  
\_\_\_\_\_

**(Part 3) CERTIFICATION AND SIGNATURE**

*IF I AM 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.*

EXECUTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2019, AT SAN DIEGO, CALIFORNIA  
Day Month

Signature

Signature

Printed Name

Printed Name

MBR#

Address of Property

Phone Number

Email Address

Owner's address if different from property: \_\_\_\_\_

Alternate or secondary address \_\_\_\_\_

Name of Legal Representative

Address

Phone Number

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)*

**IN CASE OF EMERGENCY**

IF YOU DESIRE TO, YOU MAY PROVIDE US WITH EMERGENCY CONTACT INFORMATION. THIS INFORMATION WILL ONLY BE GIVEN, UPON THEIR REQUEST, TO THE POLICE DEPARTMENT, FIRE DEPARTMENT, NEIGHBORHOOD WATCH, EMERGENCY PREPAREDNESS OR YOUR HOMEOWNERS ASSOCIATION.

Is this a rental unit?

YES

NO

**\*\*\*Required Per Civil Code 4041**

EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone \_\_\_\_\_