

Chateau Lake San Marcos HOA

AGE VERIFICATION FORM

(1 of 3)

Pursuant to state and federal law, every owner of, or person residing in, a unit at CLSM HOA must complete an age verification form to certify his or her eligibility to reside in CLSM HOA, which is a senior community. All *residents* must supply a proof of age (copy of driver's license, birth certificate, etc.) The association reserves the right to verify any information given below. If you have questions about how to complete the form, please contact Chris Arvanitis, Executive Director. Each resident in a home must fill out a separate form and provide proof of age; if you need additional forms, please contact the Concierge.

Directions:

(1) SECTIONS A, B, C, OR D OF **PART 1** MUST BE COMPLETED BY EVERY PERSON **RESIDING** IN EACH HOME WITHIN THE ASSOCIATION (whether owners or renters.)

(2) OWNERS WHO DO NOT RESIDE IN THE ASSOCIATION SHOULD SKIP TO **PART 2**.

(3) **PART 3** MUST BE COMPLETE BY ALL PERSONS SUBMITTING THIS FORM

PART 1

- A. I am a person 55 years of age or older. I attach a copy of my 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;
- 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.

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- 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 residents of my home, located at _____, are listed by name and age as follows:

PART 3

CERTIFICATION AND SIGNATURE

IF I AM A RESIDENT OF _____ ASSOCIATION, I HAVE ATTACHED A PROOF OF AGE TO THIS FORM AND I CERTIFY THAT IT IS A TRUE AND CORRECT COPY OF THE ORIGINAL. WHETHER I AM A RESIDENT OR NOT, 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 _____, 20_____, AT _____ (CITY), CALIFORNIA.

Printed Name

Signature

Address of Home

YOUR COOPERATION IS ESSENTIAL TO OUR CONTINUED RIGHT TO OPERATE AS A SENIOR COMMUNITY, AND WE THANK YOU.

DON'T FORGET TO ATTACH YOUR PROOF OF AGE!

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Certification of Age of Resident by Person(s) Other than Resident

1. Certification by Member of Household

I, _____, am 18 years of age or older and a member of the household that resides at _____. I hereby certify that I have personal knowledge of the ages of the occupants of this household and that the following are the name(s) and age(s) of the occupant(s):

Name: _____ Age: _____

Name: _____ Age: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this _____ day of _____, 20____ at _____, California.

Signature

2. Certification by Member of the Community with Personal Knowledge of Age(s) of Occupant(s)

I, _____, am 18 years of age or older. I have personal knowledge of the age(s) of the occupant(s) residing at that address:

Name: _____ Age: _____

Name: _____ Age: _____

The basis of my knowledge of the age(s) of said occupant(s) is:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this _____ day of _____, 20____ at _____, California.

Signature