

AGE VERIFICATION FORM

Pursuant to state and federal law, every owner of, or person residing in, a home in Mountain View Community Association must complete an age verification form to certify his or her eligibility to reside in the Mountain View Community Association, 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. Each resident in the home must fill out a separate form; if you need additional forms or have any questions, please contact your Community Manager. Forms and age verification information will be held in confidence to the extent permitted by law.

- (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 COMPLETED 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 _____, (a senior), who resides at this residence. To qualify as a permitted health care resident, you must be providing care to someone that is age 55 or older.
- 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. providing primary physical or economic support to the senior, or, if the senior no longer resides in this residence, was providing primary physical or economic support to the senior.

D. I am not a senior, but I am a disabled person or person with a disabling illness or injury, and am a child or grandchild of a senior citizen resident or a non-senior resident who qualifies under Part 1(c) above. I certify that I need to reside 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 _____ are listed by name and age as follows:

PART 3

CERTIFICATION AND SIGNATURE

IF I AM A RESIDENT OF THE MOUNTAIN VIEW COMMUNITY 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 _____, CALIFORNIA.

Signature

Printed Name

Address of Home

Phone Number

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