

**ADULT COMMUNITY ASSOCIATION
2010 AGE VERIFICATION FORM**

Adult Community Association, hereafter The Association, is an age-qualified community as defined under the United States Fair Housing Amendment Act of 1988, and the Housing for Older Persons Act. At least 80% of all homes in The Association must be occupied by a person age 55 years of age or older. In compliance with this act, The Association is required to survey the community to determine conformity with the age requirement.

Please provide the following information: (If The Association does not already have proof of age (i.e. driver's license, identification card or passport) on file, you will be required to provide a copy of the proof of age documentation):

1. Name of Qualifying Resident who is 55 years of age or older:

_____ Date of Birth _____

2. Qualifying resident is: _____ Owner _____ Renter _____ Other _____

3. Names and ages of other full time occupants living in the home:

I solemnly affirm and declare under penalty of perjury that the foregoing statements are true and correct.

Signature of Qualifying Resident

Printed Name of Qualifying Resident

Siena Address

GUEST PASS RECEIPT (HOMEOWNER-OCCUPANTS ONLY)

I hereby acknowledge I have received one (1) 24-punch Guest Pass for the year 2010. I understand that lost or stolen Guest Pass cards will not be replaced. The Guest Pass card is not transferable to other residents or guests.

Homeowner initials _____