

OCEANSIDE COMMUNITY ASSOCIATION
AGE VERIFICATION UPDATE
2017

Date: _____

Please mail or deliver this form with proof of age for each resident to:

Oceanside Community Association
550 Vista Bella, Oceanside, CA 92057
760.757.3937 – Telephone 760.757.8177 – Fax

Each resident of a 55+ Senior Community must certify their eligibility under California Civil Code Section 51.3 and the Federal Fair Housing Act to live in a dwelling unit within Oceanside Community Association.

_____ **I AM THE OWNER OF THIS UNIT**

_____ **I AM THE TENANT OF THE OWNER**

OWNER NAME: _____
Please Print

TENANT NAME: _____
Please Print

ADDRESS: **Unit #** _____ **House #** _____

Street Address

DATE OF BIRTH _____ **TELEPHONE** _____

PROOF OF AGE: Check below and attach a copy: *Photo ID required.

_____ Driver's License	_____ Birth Certificate
_____ Senior Citizen's ID	_____ Other Proof of Age

QUALIFICATION: Check below:

_____ I am a person 55 years or older and qualify as a Senior Citizen

_____ I am not a person 55 years or older but qualify because I am:

_____ *Spouse or Cohabitant of the Senior Citizen (must be 45+)*

_____ *Permanently Disabled Adult Child of qualified resident*

* _____ *Permanent (24/7) Health Care Worker for qualified resident*

* *If this box is checked, please attach a Reasonable Accommodation Request Verification form, completed by your physician.*

_____ Other _____

EMERGENCY CONTACT PERSON _____

RELATIONSHIP _____ **TELEPHONE** _____

This person has a key to my house and permission to enter:

_____ **TELEPHONE** _____

Signature

Date