



**Oceanside Community Association**  
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## AGE VERIFICATION

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

**EACH RESIDENT must complete this form and submit proof of age.**

\_\_\_\_\_ OWNER \_\_\_\_\_ TENANT / COHABITANT

**Owner Name** - Please print \_\_\_\_\_

**Tenant Name** - Please print \_\_\_\_\_

**Address** Unit \_\_\_\_\_ House # \_\_\_\_\_  
Street \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Proof of Age** Attach a photo ID.

\_\_\_ Driver's License \_\_\_ Senior ID \_\_\_ Birth Certificate \_\_\_ Other

**Qualification** \_\_\_\_\_ I am a person 55 years or older and qualify as a senior citizen.

\_\_\_\_\_ I am not 55 years or older but qualify because I am a:

\_\_\_\_\_ 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 \*

\* Attach a Reasonable Accommodation Request  
Verification form completed by a physician.

**Emergency** Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

This person has a key the home and my permission to enter:

\_\_\_\_\_ Phone \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_