

OCEANSIDE COMMUNITY ASSOCIATION
AGE VERIFICATION
2012

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:
_____ 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*
 _____ *Permanently Disabled Adult Child of Qualified Owner*
 * _____ *Permanent Health Care Worker for the Qualified Owner*

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

_____ Other _____

EMERGENCY CONTACT PERSON _____	
RELATIONSHIP _____	TELEPHONE _____
This person has a key to my house and permission to enter:	
_____	TELEPHONE _____

Signature

Date