

Mountain View Community Association

AGE VERIFICATION FORM

Every owner of, or person residing in, a home at Mountain View Community Association must complete an age verification form to certify his or her eligibility to reside in Mountain View Community Association, a senior community. Verification forms are required by law in compliance with Federal: The Housing for Older Persons Act of 1995 (HOPA), and State: California Civil Code Section 51.11. All residents must attach a proof of age (copy of driver's license, birth certificate, etc.) The association reserves the right to verify any information given below. Please mark the applicable boxes:

PART 1 - PARTS A, B, OR C MUST BE COMPLETED BY ALL RESIDENTS (both owner and non-owner). Nonresident OWNERS SHOULD SKIP TO PART 2.

A. I am a person 55 years of age or older, so I qualify for residency as a senior citizen. (Skip to PART 2.)

OR

B. I am not a person 55 years of age or older, but I qualify for residency as a permanent health care resident because I provide live-in, long-term or terminal health care to _____ who resides in the home. (Skip to PART 2.)

OR

C. I am not a person 55 years of age or older, but I qualify for residency as a qualified permanent resident, because of the facts I have checked under C.1 and C.2, or C.3 below.

C.1 _____ is the person residing in the home who is 55 or older (Skip to C.2 below); OR

_____ was the person 55 or older who resided in the home before (Mark at least one box a, b, c or d below; then proceed to C.2.)

- a. His/her death; OR
- b. his/her hospitalization, OR
- c. His/her prolonged absence from the property; OR
- d. The dissolution of marriage.

C.2 AND BECAUSE (Mark at least one box in a, b, or c below; then proceed to C.3.)

- a. I am 45 years of age or older; OR
- b. I am the spouse or cohabitant of the person identified in C.1 above; OR
- c. I am providing primary physical or economic support to a resident of the home.

OR

C.3 I am:

- d. A permanently physically impaired adult, dependent child or grandchild of a senior resident.
- e. A permanently mentally impaired adult, dependent child or grandchild of a senior resident.

PART 2 - ONLY OWNERS SHOULD COMPLETE THIS SECTION. NON-OWNERS MAY SKIP TO THE CERTIFICATION AND SIGNATURE SECTIONS BELOW.

I DO reside in the home identified below. My qualifications for residency are shown PART 1 above.

OR

I DO NOT reside in the home identified below. All the residents of my home are listed by name as follows: (Then proceed to PART 3 below)

PART 3 - CERTIFICATION AND SIGNATURE

IF I AM A RESIDENT OF MOUNTAIN VIEW COMMUNITY ASSOCIATION, I HAVE ATTACHED PROOF OF AGE TO THIS FORM AND CERTIFY THAT IT IS A TRUE AND CORRECT COPY OF THE ORIGINAL. 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 _____, _____, AT _____ (CITY), CALIFORNIA.

Signature

Printed Name

Address of Home: _____

PLEASE BE ADVISED THAT THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE WILL BE MAINTAINED IN CONFIDENCE BY MOUNTAIN VIEW COMMUNITY ASSOCIATION. THE ASSOCIATION WILL NOT DISTRIBUTE THIS INFORMATION TO ANYONE WITHOUT WRITTEN AUTHORIZATION FROM THE HOMEOWNER. YOUR COOPERATION IS ESSENTIAL TO OUR CONTINUED RIGHT TO OPERATE AS A SENIOR COMMUNITY, AND WE THANK YOU.

5. I understand from my Patient that Association, which is a senior community, requires documentation of a disability/disabling injury to establish the need for a live-in health care provider, and a description of the services to be rendered to my Patient by that health care provider, in order to permit occupancy by the non-senior health care provider. I have been authorized by my Patient to provide that information, as follows:

My Patient's disability/disabling injury, resulting in the need for a live-in health care provider, is briefly described as follows: _____

My Patient requires a live-in health care provider to perform the following services, which I understand will be provided by _____ [name of live-in health care provider]:

_____.

6. I understand that this information is solely for the internal use of the above-named Association, that it will be kept confidential and will be provided only to authorized representatives of the above-named association who periodically may need to verify and revalidate that this information is still correct.

7. I understand that, if a dispute arises concerning these issues, I may be called upon to testify concerning my professional opinions set forth in this declaration.

I declare under penalty of perjury under the laws of the State of California that the foregoing statements are true and correct.

Executed at _____, California

on _____, 20_____.

Signature

[Please feel free to attach another page to supplement any responses above]