

SUN CITY CIVIC ASSOCIATION

26850 Sun City Blvd, Sun City, California 92586

OWNER/RESIDENT AGE VERIFICATION FORM

Pursuant to state and federal law, every owner or resident of a home in Sun City Civic Association (SCCA) **MUST** complete an age verification form to certify his or her eligibility to reside in SCCA, a senior community. *All residents* must attach proof of age (copy of driver's license, birth certificate, etc.). Whenever there is a new resident in the home, a new age verification form must be submitted. Each resident in a home must fill out a separate form and provide proof of age. If you have questions about how to complete this form or if you need more forms, please contact our office. Forms and age verification information will be held in confidence to the extent permitted by law. Sun City Civic Association reserves the right to verify any information given below. Additional forms may be downloaded from our website.

Directions: 1. SECTIONS A, B, C or D OF **PART 1** MUST BE COMPLETED BY EVERY PERSON *RESIDING* IN EACH HOME WITHIN SCCA (whether owners or renters).
2. OWNERS WHO DO NOT RESIDE IN SCCA SHOULD SKIP TO **PART 2**.
3. **PART 3** MUST BE COMPLETED BY ALL PERSONS SUBMITTING THIS FORM.

PART 1

A. **I** _____, am 55 years of age or older. I am attaching a copy of proof of age to this form.

B. I am not a person 55 years of age or older, but I provide live-in, long-term or terminal health care to _____ who resides in the home.

C. I am not a person 55 years of age or older, but _____ is a person 55 years of age or older ("the senior"), who resides (or formerly resided) in this residence; the senior either moved into the residence with me, or before I moved into the property.

If the senior no longer resides in this residence, I certify that the senior left the residence because of:

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

I also certify that I am:

- a. 45 years of age or older; OR
- b. the spouse or cohabitant of the senior; OR
- c. I am providing primary physical or economic support to _____, who is a resident of the home.

D. I am not a senior, but I am a disabled person who is a child or grandchild of a senior citizen or other qualified resident. I certify that I need to reside with the other qualified residents in the residence because _____.

(If the person on whose behalf this form is submitted is not capable of executing the form, please have the person responsible for the care of such underage person complete the form and execute it on his/her behalf.)

PART 2

ONLY NON-RESIDENT OWNERS SHOULD COMPLETE THIS SECTION.

I have personally verified the identity of all residents of my property by reviewing their driver's licenses or other reliable government issued identification cards/documents, and based upon that, I declare that the following information is true: All the residents of my home, located at:

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Sun City, CA 92586, are listed by name and age as follows:

PART 3

CERTIFICATION AND SIGNATURE

I HAVE ATTACHED PROOF OF AGE FOR MYSELF AND MY SPOUSE OR CO-HABITANT (IF APPLICABLE) TO THIS FORM AND I CERTIFY THAT IT IS (THEY ARE) A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT(S).

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 _____, _____
Date Month Year

Signature Address of Property

Printed Name Phone Number Email Address
Owner's address if different from property: _____

PLEASE BE ADVISED THAT THE INFORMATION CONTAINED IN THE QUESTIONNAIRE WILL BE MAINTAINED IN CONFIDENCE BY THE S C C A TO THE EXTENT PERMITTED BY LAW. YOUR COOPERATION IS ESSENTIAL TO OUR CONTINUED RIGHT TO OPERATE AS A SENIOR COMMUNITY.
DO NOT FORGET TO ATTACH YOUR PROOF OF AGE IF REQUIRED

IN CASE OF EMERGENCY

IF YOU DESIRE TO, YOU MAY PROVIDE US WITH EMERGENCY CONTACT INFORMATION. THIS INFORMATION WILL ONLY BE GIVEN, UPON THEIR REQUEST, TO THE POLICE DEPARTMENT, FIRE DEPARTMENT, NEIGHBORHOOD WATCH, EMERGENCY PREPAREDNESS OR YOUR HOMEOWNERS ASSOCIATION.

EMERGENCY CONTACT INFORMATION:

Name(s): _____

Address: _____

Telephone(s): _____ Email Address: _____