Sun City
CIVIC ASSOCIATION

PERMITTED HEALTHCARE RESIDENT/QUALIFIED PERMANENT RESIDENT VERIFICATION FORM

Pursuant to Rule 2 of the Rules and Regulations promulgated by the Board of Directors pursuant to its authority under Paragraph 5 of the Amendment to the First Amended and Consolidated Declaration of Restrictions for Sun City Civic Association ("Declaration"), any Permitted Healthcare Resident or Qualified Permanent Resident, as defined in the Declaration and California Civil Code Section 51.11, must complete this form. This form must be re-verified with the Association's Age Verification Form when required. The Association reserves the right to verify any information provided herein and all other rights under the law and its governing documents.

Property Address: _____

Qualifying Resident (Senior) Name: _____

Owner of Property: _____

To be completed for each Permitted Healthcare Resident or Qualified Permanent Resident:

1) Full Name ("Subject Resident"): _____

2) a) Subject Resident's Date of Birth: _____

b) Subject Resident's Date of Birth Verified By: _____
(Identify source of verification, e.g., "California Driver's License No. A123456")

3) CHECK THE BOX THAT APPLIES

a) [ ] PERMITTED HEALTHCARE RESIDENT: The Subject Resident has been hired to provide live-in, long-term or terminal healthcare to the qualifying resident or is a family member of the qualifying resident providing that care. The care the Subject Resident will be providing is substantial in nature and _____
(Name of Qualifying Resident)
is provided assistance in his/her necessary daily activities or medical treatment, or both.

b) [ ] QUALIFIED PERMANENT RESIDENT: The Subject Resident has been residing with the qualifying resident or senior prior to his/her death, hospitalization, or other prolonged absence, or dissolution of marriage, and is 45 years of age or older, or was a spouse, cohabitant, or provides primary physical or economic support to a qualifying resident or senior citizen.

State the facts which qualify the Subject Resident under this definition:

_____
_____. If the qualifying facts are that the Subject Resident is providing primary physical or economic support for the qualifying resident or senior, describe the support provided: _____
_____.

c) [ ] QUALIFIED PERMANENT RESIDENT (disabled child or grandchild): The Subject Resident is a disabled person or a person with a disabling illness or injury who is a child or grandchild of _____ _____ *[name of senior citizen or qualified permanent resident]* who needs to live with the senior citizen or qualified permanent resident because of the disabling condition, illness, or injury. Briefly state the facts which qualify the subject Resident under this definition: _____
_____
_____

I state, based upon my personal knowledge, 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 of Qualifying Resident or Qualified Permanent Resident who the Subject Resident is living with

I state, based upon my personal knowledge, 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 of Subject Resident (or of his/her parent or legal guardian if Subject Resident is a minor disabled child or grandchild)