

Age Verification Form



Four Seasons EDH Address: _____

Homeowner Name: _____

Mailing Address: _____

The Association is required by law to ensure that our residents qualify to live in an age restricted community.

This form to be completed and signed by the Qualifying Resident. The Qualifying Resident is a resident who is over 55 years of age.

All residents must be disclosed. Include ALL people living at this address. If additional lines are needed, please attach additional sheets.

If a resident of your home qualifies as a Qualified Permanent Resident or as a Permitted Health Care Resident, or as a person under 55 years of age whose occupancy is permitted under California Civil Code Section 51.3 (h) or Section 51.4 (b), please provide documentation advising of such.

All Residents				
Name	Owner/ Resident/ Renter	Birth Date	Phone	Email

I certify that I am the Qualifying Resident for the above referenced lot, being at least 55 years of age. I solemnly affirm and declare under penalty and perjury under the laws of the State of California that the foregoing statements are true and correct.

Executed on _____, 2022 at _____(city), _____(state)

Date of Birth: _____

Signature of Qualifying Resident

Print Qualifying Resident Name

Phone #: _____ Email: _____