

*Heritage Ranch Community Association*

800 West Community College Drive

San Jacinto, CA 92583

951/654-3366

**OWNER/RESIDENT AGE SURVEY VERIFICATION FORM**

Pursuant to state and federal law, every owner or resident in Heritage Ranch Community Association ("Heritage Ranch") MUST complete an age verification form to certify his or her eligibility to reside in Heritage Ranch, 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 completed and 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.

Directions:

1. Sections A, B, C or D of PART 1 must be completed by every person residing in a home within Heritage Ranch (whether owners or renters).
2. Owners who do not reside in Heritage Ranch should skip to PART 2.
3. PART 3 must be completed by all persons submitting this form.

**PART 1**

*Please check applicable box*

- A.  I, \_\_\_\_\_ *[name]*, 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") or qualifying resident who resides (or formerly resided) in this residence. The Senior or qualifying resident either moved into the residence with me or before I moved into the property.

If the Senior or qualifying resident no longer resides in this residence, I certify that the Senior or qualifying resident 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 qualifying resident; OR
- c.  I am providing primary physical or economic support to \_\_\_\_\_, who is a qualifying or senior citizen 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 permanent 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 residents of my property located at:

\_\_\_\_\_  
are listed by name and age as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 3**

**CERTIFICATION AND SIGNATURE**

I HAVE ATTACHED PROOF OF AGE FOR MYSELF 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 \_\_\_\_\_, \_\_\_\_\_  
[Year]

\_\_\_\_\_  
*[Signature]*

\_\_\_\_\_  
*[Printed Name]*

\_\_\_\_\_  
*[Address of Property]*

\_\_\_\_\_  
*[Phone Number]*

\_\_\_\_\_  
*[E-Mail Address]*

\_\_\_\_\_  
*[Owner's Address if Different From Property]*

PLEASE BE ADVISED THAT THE INFORMATION CONTAINED IN THE QUESTIONNAIRE WILL BE MAINTAINED IN CONFIDENCE BY HERITAGE RANCH 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.*

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 or emergency preparedness.

Emergency Contact Information:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_