-*/AGE VERIFICATION FORM

Pursuant to the Association's Declaration of Conditions, Covenants, Restrictions, Civil Code 51.11, and Title 24 Code of Federal Regulations 100.307, every owner and resident of a home within Whispering Palms Homeowners Association must complete an age verification form to certify the eligibility of residents to reside in Whispering Palms, which is a Senior Community. Each resident must supply proof of his or her age (i.e. COPY OF DRIVER'S LICENSE OR BIRTH CERTIFICATE, etc.) even if he or she is younger than 55. Whispering Palms Homeowners Association reserves the right to verify any information given below. If you have questions about how to complete the form, please contact management. Each owner and resident of a home must fill out a separate form; if you need additional forms, please contact management. If any 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 person complete the form and execute it on his or her behalf. Forms and age verification information will be held in confidence to the extent permitted by law.

ALL OWNERS AND RESIDENTS MUST COMPLETE THIS FORM.

Directions:

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

PART 1

ONLY RESIDENTS (WHETHER OWNERS OR NON-OWNERS) SHOULD COMPLETE THIS SECTION. EACH RESIDENT MUST ATTACH PROOF OF AGE (i.e. COPY OF DRIVER'S LICENSE OR BIRTH CERTIFICATE) WITH THIS FORM. NON-RESIDENT OWNERS SHOULD SKIP TO PART 2.

A. ( ) I am a person 55 years of age or older. I attach hereto proof of my age.

B. ( ) I am not a person 55 years of age or older, but I was hired to provide live-in, long-term or terminal health care to _____ who resides in the home or I am a family member of that resident and I provide that care.

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;
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.]

AGE VERIFICATION FORM

PART 2 **ONLY NON-RESIDENT OWNERS SHOULD COMPLETE THIS SECTION**	
Each of the residents of my home, located at	
is listed by name and age as follows, and I certify that they meet the "Qualifying Resident" or "Qualified Permanent Resident" requirements set forth in CA Civil Code 51.11 as defined above in Part 1.:	
Name:	Age:
Name:	Age:

PART 3
CERTIFICATION AND SIGNATURE

ALL RESIDENTS AND HOMEOWNERS MUST SIGN BELOW

IF I AM A RESIDENT OF WHISPERING PALMS HOMEOWNERS ASSOCIATION, I HAVE ATTACHED HERETO PROOF OF MY AGE AND I CERTIFY THAT IT IS A TRUE AND CORRECT COPY OF THE ORIGINAL. WHETHER I AM A RESIDENT OR NOT, 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 _____, 20____, AT _____, CALIFORNIA
(Day) (Month) (City)

_____

Signature Printed Name

_____

Address of Home Telephone Number

YOUR COOPERATION IS ESSENTIAL TO OUR CONTINUED RIGHT TO OPERATE AS A SENIOR COMMUNITY – AND WE THANK YOU!

Whispering Palms HOA
Office Dropbox at Clubhouse
711 Bahama Dr.
Hemet, CA 92543

PLEASE ATTACH YOUR PROOF OF AGE

(Except Non-Resident Owners)

Verified by: _____ Date proof of age submitted: