

Rowell Estates Condominium Association

Age Verification Form

Pursuant to regulations contained in the **Housing of Older Persons Act of 1995 (Section 807 (b) 2(c))** and the **Declaration of Rowell Estates Association, Section 3.6**: Each unit shall be used only for single-family residential purposes. All 40 dwellings are restricted to one bedroom with a maximum occupancy of two people. This restriction shall not be construed to prohibit rentals for residential use for a minimum period of six (6) months. The Board of Directors of this Association is regulated to maintain age verification records of each resident. *This information will be kept confidential.* However, we are required to provide a statistical summary to the Town of Kingston.

Please take a moment to fill out the information below.

Owners:

Name _____ Date of Birth ____/____/____ Age ____

Name _____ Date of Birth ____/____/____ Age ____

Tenants:

Name _____ Date of Birth ____/____/____ Age ____

Name _____ Date of Birth ____/____/____ Age ____

Unit Address: _____

Also please provide Proof of Age Documentation: Copy of Driver's License

Once completed, please mail this form to: Rowell Estates Condominium Association
P.O. Box 446
Kingston, NH 03848

Or use the Association's Black Drop Box

Thank you,
Rowell Estates Board of Directors