OCEANA-MISSION UNIT IV HOMEOWNERS ASSOCIATION

c/o Property Advantage 5142 Avenida Encinas, Carlsbad, CA 92008

Ph. (760) 585-1761, Fax (760) 438-6982 e-mail [cshipp@propadvantage.com](mailto:cshipp@propadvantage.com)

**Age Verification Form**

Oceana-Mission IV is a Senior Community under the "Housing for Older Persons Act of 1995" (HOPA), which is overseen by the Department of Housing and Urban Development (HUD). The association must follow policies that demonstrate intent by the association to provide housing for persons 55 years of age or older.

**UNIT ADDRESS:** Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Way, Oceanside, CA 92057

At least one resident at this address is 55 years of age or older, and if not is:

* A permanent health care resident who provides live-in, long term care or terminal health care
* Providing primary physical or economic support to an age qualified resident of the unit, or is
* 45 years old, or older, and is a spouse or cohabitant of the age qualified resident of this unit or was residing with a qualifying resident or a senior citizen prior to the death, hospitalization, or other prolonged absence of, or the dissolution of marriage with, the qualifying resident or senior citizen..

**A** **photocopy of a picture ID (driver’s license, passport, military ID) showing name, picture, and date of birth for residents of the unit must be provided** (driver’s license # may be blacked out). Please PDF, mail, FAX, or deliver this required information to Management, where it will be maintained in confidence.

**If property is rented/leased, please copy of the lease or rental agreement (you may redact information except for the name and address)**

I certify that am an owner or property manager of the above unit and do hereby certify the information submitted is complete and correct.

Name Printed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_