

**2011
SEVEN OAKS AGE VERIFICATION FORM**

You must complete this form and return to Seven Oaks Community Center.

Every resident must provide proof of age (driver's license, birth certificate, etc.) upon moving into the residence. (Required to maintain our status as a SENIOR 55+ COMMUNITY) **You must fill out an Age Verification Form annually but only need to provide your proof of age once.** Please return documents promptly to Seven Oaks Community Center, 16789 Bernardo Oaks Drive, San Diego CA 92128. (858 487-4058)

Please fill out:

Property address: _____ **Card key no.** _____

Home phone _____ **Cell phone:** _____ **Today's date:** _____

No. of residents residing at property: _____ **Please check one: Owner** [] **Tenant** []

Emergency contact name: _____ **Ph. No.** _____

All residents who are 55+ and reside in, or will reside in residence after purchase, sign below

SENIOR RESIDENTS 55 AND OLDER (QUALIFYING RESIDENTS) LIVING IN PROPERTY

Print name _____	Signature _____	Age _____
Spouse name _____	Signature _____	Age _____
Other _____	Signature _____	Age _____

Please complete this section ONLY if you own the property but DO NOT PLAN TO LIVE in the residence

NON-RESIDENT OWNERS

Seven Oaks property owner's name: _____

Seven Oaks property address: _____

Please send all correspondence to my mailing address: _____

Phone numbers: Home _____ Business _____ Cell _____

I understand that annual dues assessment information will be mailed to the mailing address indicated and that I am responsible for providing the office with future address changes in order to avoid late charges and interest on unpaid fees. I also agree to provide the names and proof of age for all current and future tenants. I understand that Seven Oaks is a SENIOR COMMUNITY with age restrictions and I agree to abide by the rules regarding those restrictions.

Signature: _____ Date: _____

Name of tenant(s): _____

Lease terms: Start _____ End _____ Property is currently vacant [] Rental transfer fee pd. []

The Community Center office can copy your Driver's License or other document showing date of birth M-F, 9:00 a.m. to noon & 1:00 p.m. to 4:30 p.m. Personal information is confidential and will not be disclosed except as required by law.

RESIDENTS UNDER 55 COMPLETE REVERSE SIDE

RESIDENTS UNDER 55: CHECK THE APPROPRIATE BOXES AND SIGN BELOW

- I am the spouse of a qualified Resident.
- I am a cohabitant (living together as husband and wife).
- I am the Registered Domestic Partner of a qualified Resident.

Name _____ Signature _____ Age _____ Date _____

Check here if you are a Permanent Resident” who meets *both A and B* of the following requirements:

A. I was residing with the qualifying resident or senior citizen prior to the death, hospitalization, or other prolonged absence of, or the dissolution of marriage with, the qualifying resident or senior citizen.

and

B. I am 45 years or older, or was a spouse, registered domestic partner, cohabitant or person providing primary physical or economic support to the qualifying resident or senior citizen.

1. Are you providing primary physical support? **Yes** **No**
2. Is the qualifying resident or senior citizen disabled? **Yes** **No** If you answered yes, you are required to submit a confidential “Letter of Certification” (available at the office).
3. Are you providing economic support? **Yes** **No** If you answered yes, you are required to submit a confidential “Economic Provider Certification” (available at the office).

or

I am a “Qualified permanent resident” as I am a disabled person or person with a disabling illness or injury who is a child or grandchild of the senior citizen or a qualified permanent resident as defined above who needs to live with the senior citizen or qualified permanent resident because of this disabling condition, illness or injury.

For purposes of this section, “disabled” means a person who has a disability as defined in subdivision (b) of Section 54 of the California Civil Code. A “disabling injury or illness” means an illness or injury which results in a condition meeting the definition of disability set forth in subdivision (b) of Section 54 of the California Civil Code.

I declare under penalty of perjury under the laws of the State of California that the above qualifying condition is true and correct.

Name _____ Signature _____ Age _____ Date _____ (Today’s)

ADULT HEALTH CARE PROVIDER COMPLETE THIS SECTION ONLY

I am not 55 years of age but I qualify as a PERMITTED HEALTH CARE PROVIDER or TERMINAL CARE PROVIDER to: _____, who is the Senior Resident **and I agree** that if the Senior Resident no longer resides in the home, I will move out of the residence within 90 days. There is a limit of one caregiver per residence.

Name _____ Signature _____ Age _____ Date _____

You must attach your proof of age.