

**AGE VERIFICATION FORM FOR COMPLETION BY HOMEOWNERS
THE COURTYARDS OF DAWSON'S CREEK ASSOCIATION
EMERGENCY INFORMATION / AGE VERIFICATION SHEET FOR MASTER FILE**

Lot and/or Unit #: _____

Lot/Unit Owner(s)'s Name: _____

Local Address: _____

Telephone No.: _____

Alternate Address: _____

Alternate Telephone No.: _____

EACH LOT/UNIT WITHIN DAWSON'S CREEK SUBDIVISION MUST BE OCCUPIED BY AT LEAST ONE (1) PERSON WHO IS 55 YEARS OF AGE OR OLDER (the "Qualifying Resident"). The Qualifying Resident must certify his/her age as being 55 years of age or older by attaching a copy of a Proof of Age (such as driver's license, birth certificate, etc.) to this form. The Association reserves the right to verify any information given below:

1. NAME AND AGE OF QUALIFYING RESIDENT WHO IS 55 YEARS OF AGE OR OLDER:

2. NAME(S) OF OTHER OCCUPANT(S) AND AGE [*For senior housing developments which still must comply with Indiana Fair Housing Act, additional information related to occupants, other than the Qualifying Resident, should be obtained*]:

3. DATE QUALIFYING RESIDENT WHO IS 55 YEAR OF AGE OR OLDER FIRST RESIDED IN THE SUBDIVISION:

4. QUALIFYING RESIDENT IS: AN OWNER A RENTER

CERTIFICATION AND SIGNATURE: I have attached a proof of age to this form and certify that it is a true and correct copy of the original; and that I am the Qualifying Resident for the above-referenced lot/unit, being at least 55 years of age. I declare under penalty of perjury under the laws of the State of Indiana that the foregoing statements are true and correct. Executed on _____, 20____ at _____ [city], _____ [state].

[Signature of Qualifying Resident 55 years of age or older]

[Printed Name of Qualifying Resident 55 years of age or older]

REMINDER: PLEASE ATTACH PROOF OF AGE, SUCH AS COPY OF DRIVER'S LICENSE OR BIRTH CERTIFICATE, TO THIS FORM.
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