

**NEW HORIZONS SOUTH BAY ASSOCIATION**  
**2016 AGE VERIFICATION SURVEY**

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**AGE VERIFICATION BACKGROUND & INSTRUCTIONS**

**To:** All Residents  
**From:** New Horizons South-Bay Association Board of Directors  
**Date:** January 27, 2016  
**Re:** MANDATORY AGE VERIFICATION OF OCCUPANTS AND MISSING RECORDS INFORMATION  
**Due:** February 13, 2016

In order to continue to qualify as a Senior Housing Development, the Association is *required* to periodically verify that each home(unit) within the Association is occupied by a least one (1) person who is 55 years of age or older (the "Qualifying Resident".) Additionally, each other occupant ("Qualified Permanent Resident") must be at least 45 years of age or older and residing with the Qualified Resident. Qualified Permanent Resident shall also mean or refer to a person less than forty-five (45) years of age who qualifies a Qualified Permanent Resident as defined in California Civil Code 51.11. Therefore, while the Board of Directors understands that age verification was requested at the time of the purchase of your home (unit), it is necessary to verify that each home (unit) within the Association continues to comply with the age/occupancy restrictions.

Accordingly, Qualifying Resident(s) and Qualifying Permanent Resident(s) must provide updated proof of age documentation and certification via the 2016 Age Verification Survey enclosed.

Once completed, please return the Age Verification Survey to the Association Office, at 22727 Maple Ave. Torrance, CA. 90505 no later than February 13, 2016 accompanied by a copy of at least one of the following documents:

1. Driver's License
2. Birth Certificate
3. Passport
4. Immigration Card
5. Military Identification
6. Any other state, local, national or official documents containing a birth date of 18 or older, asserting that at least one person in the unit is 55 years of age or older.

The information and documents provided *will be kept confidential*. Individuals may inspect a statistical summary of these occupancy surveys upon request. The Board of Directors sincerely appreciates your cooperation completing the Age Verification Survey. Should you need assistance or further information please contact the Association office at 310-325-3080.

Federal regulations require that age information must be updated at least every two (2) years. 24 CFR §100.307

**\*\*\*AGE VERIFICATION FORM ON REVERSE SIDE\*\*\***

In addition to the Age Verification Survey we are updating all our records and have included this form to update New Horizons Resident/Owner/Tenant emergency contact information.

**EMERGENCY CONTACT INFORMATION: PLEASE LIST TWO CONTACTS**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**NEW HORIZONS SOUTH BAY ASSOCIATION 2016 AGE VERIFICATION SURVEY**

Homeowner(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ Unit# \_\_\_\_\_

Local Telephone No: \_\_\_\_\_ Alternate Telephone No. \_\_\_\_\_

**EACH UNIT WITHIN NEW HORIZONS SOUTH-BAY ASSOCIATION MUST BE OCCUPIED BY AT LEAST ONE (1) PERSON WHO IS 55 YEARS OF AGE OR OLDER (“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. Additionally, every other occupant (“Qualified Permanent Resident”) must be at least forty-five (45) years of age or older and a resident with a Qualifying Resident within the same unit. Qualified Permanent Resident shall also mean or refer to a person less than forty-five (45) years of age who qualifies as a Qualified Permanent Resident as defined in California Civil Code § 51.11. Qualifying Residents, along with the Qualified Permanent Resident, must provide proof of age and should attach a document providing same. The Association reserves the right to verify any information given below.**

**1. QUALIFYING RESIDENT(S) – 55 YEARS OR OLDER**

A) NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
MOVE-IN DATE: \_\_\_\_\_ OWNER OR TENANT (circle one)

B) NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
MOVE-IN DATE: \_\_\_\_\_ OWNER OR TENANT (circle one)

**CERTIFICATION: I have attached proof of age to this form and certify that it is a true copy of the original and that I am a Qualifying Resident for the above- referenced unit. I declare under penalty of perjury under the laws of the State of California that the foregoing statements are true and correct.**

Executed on \_\_\_\_\_ 2016 at \_\_\_\_\_ (City) \_\_\_\_\_ (State)

\_\_\_\_\_  
(Print Name) X \_\_\_\_\_  
(Signature)

Executed on \_\_\_\_\_ 2016 at \_\_\_\_\_ (City) \_\_\_\_\_ (State)

\_\_\_\_\_  
(Print Name) X \_\_\_\_\_  
(Signature)

**1. QUALIFYING PERMANENT RESIDENT(S) – Qualified Permanent Resident(s) who is/are 45 years or older, please provide you name, age and move-in date below. Qualified Permanent Resident(s) who is/are permitted health care resident(s) or persons providing primary physical support to the Qualifying Resident (55 years of age or older), please attach documentation supporting the status of such Qualified Permanent Residents.**

A) NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
MOVE-IN DATE: \_\_\_\_\_ OWNER OR TENANT (circle one)

B) NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
MOVE-IN DATE: \_\_\_\_\_ OWNER OR TENANT (circle one)

**CERTIFICATION: I have attached proof of age to this form and certify that it is a true copy of the original and that I am a Qualifying Resident for the above- referenced unit. I declare under penalty of perjury under the laws of the State of California that the foregoing statements are true and correct.**

Executed on \_\_\_\_\_ 2016 at \_\_\_\_\_ (City) \_\_\_\_\_ (State)

\_\_\_\_\_  
(Print Name) X \_\_\_\_\_  
(Signature)

\_\_\_\_\_ 2016 at \_\_\_\_\_ (City) \_\_\_\_\_ (State)

\_\_\_\_\_  
(Print Name) X \_\_\_\_\_  
(Signature)

**REMINDER: Please attach to this form the required proof of age documentation. This information will be kept confidential.**