

# RIVERSIDE SUN CITY HOMEOWNERS ASSOCIATION

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## AGE VERIFICATION FORMS

Pursuant to state and federal law, every owner or resident of a home in Riverside Sun City Homeowners Association **MUST** complete an age verification form to certify his or her eligibility to reside in Riverside Sun City Homeowners Association, a senior community. All residents must attach proof of age (copy of driver's license, government issued ID card, etc.). Whenever there is a new resident in the home, a new age verification form must be submitted. ***Each resident in a home must fill out a separate set of forms and provide proof of age.*** If you need additional forms they may be located on the Association's website under the "Homeowner Forms" tab or at the onsite Clubhouse located at 26111 Sunnywood Street. If you have questions about how to complete this form, please contact our office. Age verification forms and documents will be held in confidence to the extent permitted by law. Riverside Sun City Homeowners Association reserves the right to verify any information given below.

### Directions:

- 1.) Section A, B, C or D of **PART 1** must be completed by every person residing in each home within Riverside Sun City Homeowners Association (whether owners or renters).
- 2.) Owners who do not reside in Riverside Sun City Homeowners Association should skip to **PART 2**.
- 3.) **PART 3** must be completed by all persons submitting this form.

### PART 1

- A.  I \_\_\_\_\_, am 55 years of age or older.  
I am attaching a copy of proof of age to this form.
- B.  I am not a person 55 years of age or older, but I provide live-in, long-term or terminal health care to \_\_\_\_\_ who resides in the home.
- C.  I am not a person 55 years of age or older, but \_\_\_\_\_ is a person 55 years of age or older ("the senior"), who resides (or formerly resided) in this residence; the senior either moved into the residence with me, or before I moved into the property.  
If the senior no longer resides in this residence, I certify that the senior left the residence because of:  
a.  his/her death; OR  
b.  his/her hospitalization; OR  
c.  his/her prolonged absence from the property; OR  
d.  dissolution of our marriage  
I also certify that I am:  
a.  45 years of age or older; OR  
b.  the spouse or cohabitant of the senior; OR  
c.  I am providing primary physical or economic support to \_\_\_\_\_, who is a resident of the home.
- D.  I am not a senior, but I am a disabled person who is a child or grandchild of a senior citizen or other qualified resident. I certify that I need to reside with the other qualified residents in the residence because \_\_\_\_\_.  
(If the person on whose behalf this form is submitted is not capable of executing the form, please have the person responsible for the care of such underage person complete the form and execute it on his/her behalf.)

**PART 2**

**ONLY NON-RESIDENT OWNERS SHOULD COMPLETE THIS SECTION**

I have personally verified the identity of all residents of my property by reviewing their driver's licenses or other reliable government issued identification cards, and based upon that, I declare that the following information is true: All residents of my home, located at: \_\_\_\_\_; Menifee, CA 92586, are listed by name and age as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 3**

**I have attached proof of age for myself (if applicable) to this form and I certify that it is a true and correct copy of the original documents(s).**

**I declare under penalty of perjury, under the laws of the State of California, that the foregoing statement are true and correct.**

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Day Month Year

\_\_\_\_\_  
**Signature of Owner/Resident** **Print Name**

\_\_\_\_\_  
**Property Address in Association** **Telephone**

\_\_\_\_\_  
**Email Address**

**Please be advised that the information contained in the questionnaire will be maintained in confidence by Riverside Sun City Homeowners Association to the extent permitted by law. Your cooperation is essential to our continued right to operate as a senior community.**

**IN CASE OF EMERGENCY**

If you desire to, you may provide us with emergency contact information. This information will only be given, upon their request, to the police department, fire department, neighborhood watch, emergency preparedness or your homeowners association.

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_