

# RIVERSIDE SUN CITY HOMEOWNERS ASSOCIATION

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## OWNER / RESIDENT AGE VERIFICATION FORM

Pursuant to state and federal law, every owner or resident of a home in Riverside Sun City Homeowners Association must complete an Owner/Resident 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, passport, etc.). Whenever there is a new resident in the home, a new Owner/Resident Age Verification Form must be submitted. **Each resident in a home must fill out a separate form and provide their proof of age.** If you have questions about how to complete this form or if you need more forms, please contact Avalon Management. Forms and proof of age will be held in confidence to the extent permitted by law. Additional forms may be downloaded from the association's website or found in the Clubhouse.

### DIRECTIONS

1. SECTIONS A, B, C or D OF PART 1 MUST BE COMPLETED (whether you are an owner or a tenant).
2. OWNERS WHO DO NOT RESIDE IN RIVERSIDE SUN CITY HOMEOWNERS ASSOCIATION NEED TO SKIP TO PART 2.
3. PART 3 MUST BE COMPLETED (whether you are an owner or a tenant or an owner that does not reside in Riverside Sun City).

### 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:

1.  his/her death; OR
2.  his/her hospitalization; OR
3.  his/her prolonged absence from the property; OR
4.  dissolution or our marriage

I also certify that I am:

1.  45 years of age or older; OR
2.  the spouse or cohabitant of the senior; OR
3.  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 no 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 OFF-SITE 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 issues identification cards/documents, and base upon that, I declare that the following information is true:

All residents of my property, located at \_\_\_\_\_;  
Menifee, California 92586, are listed by name and age as follows:

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

**PART 3**  
**CERTIFICATION AND SIGNATURE**

I HAVE ATTACHED PROOF OF AGE FOR MYSELF TO THIS FORM AND CERTIFY THAT IT IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT.

I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.

EXECUTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2017.  
DATE MONTH

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Property Address at Riverside Sun City Homeowners Association)

\_\_\_\_\_  
Phone Number

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

\_\_\_\_\_  
Owner's Mailing Address (if different from the property address in Riverside Sun City Homeowners Association)

**DO NOT FORGET TO ATTACH PROOF OF AGE AS REQUIRED.**

**CONTACT INFORMATION FOR AN EMERGENCY**

If you desire, 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.

EMERGENCY CONTACT INFORMATION:

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

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

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