AGE & STATUS VERIFICATION FORM

DESERT CREST COMMUNITY ASSOCIATION, INC. 69-402 South Country Club Drive Desert Hot Springs, California 92241 Phone 760 329-2899 Fax 760 329-2899

Mer	nbershi	р#		Status				
			(Information above line provided by Association)					
musi which birth you <u>resid</u> <u>addi</u>	t comple ch is a se a certific have qu dent in a tional fo	ete an agenior contact, etc.) estions and the contact in the conta	I federal law, every owner of, or person residing in a se verification form to certify his or her eligibility to munity. All residents must supply a proof of age of The association reserves the right to verify any infabout how to complete the form, please contact the must fill out a separate form and provide proof of ease contact the association. Forms and age verified the extent permitted by law.	reside in Desert Crest, (copy of driver's license, formation given below. If Association. <u>Each</u> (age; if you need)				
Dire	ections	:						
(1)	SECTIONS A, B, C, D, or E OF PART 1 MUST BE COMPLETED BY EVERY PERSON RESIDING IN EACH HOME WITHIN THE ASSOCIATION (whether owner or guest over 60 days.)							
(2)	OWNERS WHO DO NOT RESIDE IN DESERT CREST SHOULD SKIP TO PART 2.							
(3)		' 3 MUS FORM.	T BE COMPLETED BY ALL PERSONS SUBMI	ITING				
			PART 1					
	A.	[]	I <u>am</u> a person 55 years of age or older. I have atta of my proof of age to this form.	ached a copy				
	В.	[]	I <u>am not</u> a person 55 years of age or older, but I p live-in, long term, or terminal health care to who resides in the home.	(Name of Person)				
	C.	[]	I <u>am not</u> a person 55 years of age or older, but is a person 55 years of age or older ("the senior"), who resides (or formerly					

into the residence with me, or before I moved into the property.

resided) in this residence; the senior either moved

PART 1 (CONTINUED)

			e senior no longer resides in this residence, I certify that the senior left the ence because of:
		a. b. c. d.	 his/her death; <u>OR</u> his/her hospitalization, <u>OR</u> his/her prolonged absence from the property; <u>OR</u> dissolution of our marriage.
		certify that I am:	
	D.	a. b. c.	 [] 45 years of age or older; OR [] the spouse or cohabitant of the senior; OR [] I am providing primary physical or economic support to, who is a resident of the home. (Name of person) 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:
	E.	[]	I am not a senior, but I am a <u>Grandfathered Resident</u> having been an under aged person who was lawfully in residence in Desert Crest Community prior to May 19,1992.
have 1		on resp	nose behalf this form is submitted is not capable of executing the form, please consible for the care of such underage person complete the form and execute
			PART 2
ONL	Y NON	-RESI	DENT OWNERS SHOULD COMPLETE THIS SECTION
age as Verifi old, a	s follow cation l	s: (If 1 Form f	my home, located at

PART 3

CERTIFICATION AND SIGNATURE

IF I AM A RESIDENT OF DESERT CREST, I HAVE ATTACHED A PROOF OF AGE TO THIS FORM AND I CERTIFY THAT IT IS A TRUE AND CORRECT COPY OF THE ORIGINAL. WHETHER I AM A RESIDENT OR NOT, 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	20	, AT _		, CALIFORNIA
Printed Name			-	Signature
Address of Home in Desert Crest			Lot #	Section or Tract #
Phone				

YOUR COOPERATION IS ESSENTIAL TO OUR CONTINUED RIGHT TO OPERATE AS A SENIOR COMMUNITY, AND WE THANK YOU.

DON'T FORGET TO ATTACH YOUR PROOF OF AGE

(Except Non-Resident Owners)