

NEW MEMBERSHIP INTERVIEW

DECLARATION OF RESIDENCY/AGE VERIFICATION FORM

Name of Seller/s: _____

Buyer of Property: _____ Today's Date: _____

Address of Property: _____

Local Phone # _____ Other Phone # _____

Name of Escrow Company: _____ Phone # _____

Title Recorded in new owners name/s: 1. _____ AGE _____

2. _____ AGE _____

3. _____ AGE _____

4. _____ AGE _____

IF MULTIPLE VESTED OWNERS: Who will be the primary person responsible for paying assessments and receiving all mailings from Desert Crest Community Association?

NAME: _____ MAILING ADDRESS: _____

Will there be other individuals living on the premises who are not on the Recorded Deed? Yes ___ No ___

List the names and verification of ages of all others who will reside at this residence. (Use Proof of Age Form, available from the Association Office.)

This will be my primary residence? YES ___ NO ___ If No, Give other address below:

Will this be the address for all mailings from Desert Crest Community Association? YES ___ NO ___

E-MAIL ADDRESS: _____

This property will be used as a rental or lease: YES ___ NO ___.

If yes, registration with the Desert Crest Country Club is required by your renters in order to be able to play golf and use the pool as a renter. An Association Renter's Form MUST be filed with the Association for each renter. The form is titled "PROOF OF AGE FORM". All renters must meet the age requirements of being 55 years of age or older.

LOT# _____ SECTION _____ TRACT _____

DESERT CREST COMMUNITY ASSOCIATION, INC.

**69-402 COUNTRY CLUB DRIVE
DESERT HOT SPRINGS, CA. 92241
PHONE # (760-329-2899) – FAX# (760-329-2899)**

I/WE HAVE RECEIVED COPIES OF THE CC&R’S AND BYLAWS.

I/WE STATE THAT WE ARE AWARE OF THE FOLLOWING: That Desert Crest Community is a Senior Housing Development. That in order to qualify for residence in Desert Crest, at least one permanent resident of each lot must be 55 years of age or older and all other residence be at least 45 years of age or meet the requirements of a “Qualified Permanent Resident”. (See Section 1.20 of the CC&R’s).

All names listed on this application are the legal owners of the property. As members of the Desert Crest Community Association (DCCA), I/we will give DCCA a copy of my/our recorded Deed as soon as I/WE receive it from the County Recorders Office.

PRINT NAME _____

SIGN NAME _____

PRINT NAME _____

SIGN NAME _____

PRINT NAME _____

SIGN NAME _____

PRINT NAME _____

SIGN NAME _____

1. INTERVIEWER: _____ **2. INTERVIEWER** _____

LOT# _____ **SECTION** _____ **TRACT** _____