

Desert Crest Community Association Inc.

RENTER'S INFORMATION

Lot # _____ Owner's Name _____

Renter's Name _____

Address _____

I HAVE RECEIVED A COPY OF THE CC& R'S AND BYLAWS.

Print Name _____ Sign Name _____ Date _____

It is my understanding that I must read and obey all aspects of the CC&R Booklet.

Print Name _____ Sign Name _____ Date _____

AGE & STATUS VERIFICATION FORM

When commencing occupancy in Desert Crest, at least one person must be fifty-five (55) years old. Must be completed by every person residing in each home within the Association (whether owner or guest over 60 days in calendar year.)

- A. I am a person 55 years of age or older. I have provided a copy of my proof of age

- B. I am not a person of 55 years of age or older, but, _____ is a
 person 55 year of age or older who resides in this residence; I am 45 years of age or
 older, and am qualified for the following reasons: _____

Date _____ Signature _____

NOTIFY IN CASE OF EMERGENCY

Name _____

Address _____

Phone No: _____ Relationship: _____

Name _____

Address _____

Phone No: _____ Relationship: _____