



OCCUPANCY AGE VERIFICATION FORM

Pursuant to Federal Housing for Older Persons Act

Pursuant to regulations for the Federal Housing for Older Persons Act of 1995, the Association is **required** to maintain age verification records for each unit. **ALL** occupants of each unit **must** be listed below. This information will be kept confidential; however, the Association is required to provide a statistical summary request. Thank you for your cooperation and prompt return of this form.

Unit Address: _____

Occupant Name: _____ DOB: _____ AGE: _____

Occupant Name: _____ DOB: _____ AGE: _____

Occupant Name: _____ DOB: _____ AGE: _____

Occupant Name: _____ DOB: _____ AGE: _____

Occupant Name: _____ DOB: _____ AGE: _____

Phone: Home: _____ Work: _____ Cell: _____

Email address: _____

The undersigned certifies that the above information is true and accurate.

Signature of Unit Owner Date

Printed Name of Owner

Signature of Unit Owner Date

Printed Name of Owner

Return completed form to The Select Group at the address or fax number provided below or email to acosby@theselectgroup.us