

# Leisure Village West Association

## Housing for Older Persons Act Compliance Form

### 2023

I am a resident of the unit located at \_\_\_\_\_

Are you the Owner of this unit?                    **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

*If NO, please indicate the Owners Name and Address:*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I have a personal knowledge of the ages of the occupants of this unit and represent that at least one occupant is 55 years of age and older.

All of the occupants of this unit as of January 1, 2023, including myself, and their ages, birth date and relationships are listed below:

#### PLEASE PRINT

	Resident Name (s)	Age (s)	Birth Date (s)	Relationship to 1 <sup>st</sup> Occupant
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

As verification of the above information, please attach to this form a copy of one of the following for each person named above:

1. Driver's License
2. Birth Certificate
3. Passport
4. Baptismal certificate, Naturalization papers or any other official identification that shows a birth date.

***I certify that the statements made herein are true to the best of my knowledge.***

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_