

Leisure Village West Association
Housing for Older Persons Act Compliance Form
2025

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 knowledge of the ages of this unit's occupants and confirm that at least one of them is 55 years old or older.

All the occupants of this unit as of January 1, 2025, including myself, and their ages, birth dates, and relationships are listed below:

PLEASE PRINT

	Resident Name (s)	Age (s)	Birth Date (s)	Relationship to 1 st 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 showing birth date.

I certify that the statements made herein are accurate to my knowledge.

Signature _____ **Date** _____