

Sunland Village East

2145 South Farnsworth Drive - Mesa, Arizona 85209 (480) 380-0106

OWNER CERTIFICATE/AFFIDAVIT OF AGE

(Page 1 of 2)

(THIS DOCUMENT MUST BE SIGNED)

(OWNER MUST PRESENT VALID GOVERNMENT ID)

This is to state that I am/we are purchasing lot number _____ of Sunland Village East and that I/We meet the age requirements for occupancy set forth in Section 4.1.8 of the Amended and Restated Declaration of Restrictions, Covenants, Conditions and Reservations (RCC&Rs).

“As a condition of any Residential Owner or Occupant of a Residential Unit having and exercising any privileges of membership in the Association, the Owner (s) (and Renters, if any) of any Residential Unit shall sign and file an ownership certificate with the Association and shall keep it up-to-date.” (RCCR 12.2) This information must be provided by the Owner, Renter and Occupant, of a Residential Unit in Sunland Village East as it is necessary for the Association to qualify as housing for older persons under **The Housing for Older Persons Act of 1995**. (RCCR 4.19)

OWNER/GRANTEE NAME & ADDRESSES Please Print	CURRENT AGE	DATE OF BIRTH	RELATIONSHIP
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Name: _____ / / _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ / / _____

Address: _____

City: _____ State: _____ Zip: _____

If title is not held by an individual but by a corporation, trust or other legal entity, I/We hereby state that I am/We are the only Officer(s), Principal(s), Trustee(s) or Beneficiary(s) of that entity, the name of which is _____ and the type of entity is _____.

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(Page 2 of 2)

(THIS DOCUMENT MUST BE SIGNED)

(OWNER MUST PRESENT DRIVER'S LICENSE)

OCCUPANCY VERIFICATION

I/We hereby state the following is a complete list of all persons who will **occupy** the above-mentioned lot and that occupants meet the age requirements for occupancy set forth in the *RCC&Rs 3.1.15; 3.1.17 and The Housing for Older Persons Act of 1995.*

OCCUPANTS (S) NAMES Please Print	CURRENT AGE	DATE OF BIRTH	RELATIONSHIP
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Name: _____ / / _____

Name: _____ / / _____

Additional Occupants (over 2 in residence): Additional Occupancy Assessment may apply for Occupants in excess of 2 at any given time

OCCUPANTS (S) NAMES Please Print	CURRENT AGE	DATE OF BIRTH	RELATIONSHIP
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Name: _____ / / _____

Name: _____ / / _____

