

# VERIFICATION OF AGE/OCCUPANCY AFFIDAVIT

## Del Webb Sunbridge HOA

To ensure compliance for a 55+ community, the completion of this Affidavit is REQUIRED by the US Department of Housing and Urban Development, Housing for Older Persons Act.

Owner(s) Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Do you \_\_\_\_ OWN or RENT \_\_\_\_

List all occupants and birthdates below. (oldest occupant's name first).

Name	Birthdate
#1 _____	_____
#2 _____	_____
#3 _____	_____

By my signature below I certify that the information stated above is accurate to the best of my knowledge.

Owner/Tenant Signature: \_\_\_\_\_

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For Office Use Only

Forms of identification were verified by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ID Type: \_\_\_\_ Driver's License \_\_\_\_ State ID \_\_\_\_ Passport Other: \_\_\_\_\_