

Victory District in Verrado
Age and Occupancy Survey Form
(Required To Assess Compliance With Federal Law)

This Survey concerns the Residence located at: _____ (the “Residence”).

Victory District (the “*District*”) is an age-qualified district for persons 55 years of age or older. Individuals who are under 55 may not occupy the Residence for more than ninety (90) days in any calendar year, unless they satisfy specific criteria under applicable federal law for permanent occupancy. Applicable age and other occupancy criteria for each resident are set forth in the Declaration of Covenants, Conditions and Restrictions for Victory District (the “*Declaration*”). Victory District Association, Inc. (the “*Association*”) is required under the Declaration to monitor and enforce compliance with the age and occupancy criteria throughout the District.

IN ORDER TO ENSURE THAT THE DISTRICT CONTINUES TO COMPLY WITH APPLICABLE LAW, THE INFORMATION IN THIS FORM WILL BE COLLECTED BY THE ASSOCIATION AT THE FIRST CLOSING FOR THE RESIDENCE, THE CLOSING OF EACH RE-SALE, THE COMMENCEMENT OF EACH LEASE TERM AFFECTING THE RESIDENCE, AND WHENEVER A NEW OCCUPANT MOVES INTO THE RESIDENCE, BUT IN NO EVENT LESS FREQUENTLY THAN ONCE EVERY TWO (2) YEARS. THE BOARD OF THE ASSOCIATION MAY, IN ITS DISCRETION, REQUIRE THAT THIS INFORMATION BE COLLECTED MORE FREQUENTLY IF NECESSARY TO ASSESS COMPLIANCE WITH THE DECLARATION AND APPLICABLE LAW. THE INFORMATION COLLECTED IN THIS FORM WILL BE HELD IN CONFIDENCE TO THE DEGREE POSSIBLE. A WRITTEN SUMMARY OF THE INFORMATION YOU PROVIDE WILL BE KEPT ON FILE WITH THE ASSOCIATION AND MADE AVAILABLE FOR INSPECTION.

THIS FORM IS TO BE COMPLETED BY THE OWNER OR TENANT OF THE PROPERTY. YOUR COOPERATION IS REQUIRED UNDER THE DECLARATION AND IT IS ESSENTIAL TO PRESERVING OUR CONTINUED RIGHT TO OPERATE AS AN AGE-QUALIFIED DISTRICT. THANK YOU.

You must attach a proof of age (photocopy of driver’s license, birth certificate, or other positive identification acceptable to the Association) for every permanent occupant listed on this survey who occupies the Residence as an “Age-Qualified Occupant”. You may mark out the license number or passport number from the photocopy. Proof of age must show name, address and date of birth to comply with law governing age-qualified communities. The Association reserves the right to verify any information given below. For purposes of this survey, a “permanent occupant” is one who occupies the Residence at least six (6) months in every calendar year.

I, THE UNDERSIGNED, DECLARE AS FOLLOWS:

1. **CHECK ONE:** I am an owner of the Residence.

OR

I am a tenant of the Residence.

2. The following is a complete list of the current occupants of the Residence:

Print Name of Occupant 1	Age	Date of Birth
Print Name of Occupant 2	Age	Date of Birth
Print Name of Occupant 3	Age	Date of Birth
Print Name of Occupant 4	Age	Date of Birth

(If there are additional permanent occupants, please attach additional sheets.)

THIS FORM IS TO ASSIST OWNERS, TENANTS AND THE ASSOCIATION IN DETERMINING WHETHER THE OCCUPANTS OF THE RESIDENCE COMPLY WITH THE AGE AND OCCUPANCY REQUIREMENTS OF THE DECLARATION. PERSONS WHO DO NOT QUALIFY FOR PERMANENT OCCUPANCY UNDER ONE OF THE CATEGORIES DESCRIBED BELOW AND IN THE DECLARATION MAY NOT OCCUPY THE RESIDENCE FOR MORE THAN NINETY (90) DAYS IN ANY CALENDAR YEAR.

THE TABLE BELOW MUST BE COMPLETED FOR EACH OCCUPANT OF THE RESIDENCE (BOTH OWNER AND NON-OWNER) BY AN OWNER OR TENANT OF THE RESIDENCE. NONRESIDENT OWNERS ARE RESPONSIBLE FOR ENSURING THAT ALL OCCUPANTS OF THE RESIDENCE TIMELY AND FULLY COMPLY WITH EACH SURVEY AND ALL APPLICABLE AGE AND OCCUPANCY RESTRICTIONS.

<p>CATEGORY A: OCCUPANT IS AN AGE-QUALIFIED OCCUPANT</p>	<input type="checkbox"/>	<p>The occupant named below is 55 years of age or older and occupies the Residence as a permanent occupant.</p> <p>_____</p> <p>PRINT NAME OF OCCUPANT</p> <p>_____</p> <p>DATE OCCUPANCY COMMENCED</p>
<p>CATEGORY B: OCCUPANT WHO RESIDES WITH AN AGE-QUALIFIED OCCUPANT</p>	<input type="checkbox"/>	<p>The occupant named below is 19 years of age or older and occupies the Residence with an Age-Qualified Occupant.</p> <p>_____</p> <p>PRINT NAME OF OCCUPANT</p> <p>_____</p> <p>DATE OCCUPANCY COMMENCED</p>
<p>CATEGORY C: OTHER QUALIFIED OCCUPANT</p>	<input type="checkbox"/>	<p>The occupant named below is 19 years of age or older and occupied the Residence with an Age-Qualified Occupant, and has continued, without interruption, to occupy the Residence after termination of the Age-Qualified Occupant's occupancy thereof.</p> <p>_____</p> <p>PRINT NAME OF OCCUPANT</p> <p>_____</p> <p>DATE OCCUPANCY COMMENCED</p>

I HAVE ATTACHED PROOF OF AGE TO THIS FORM AND CERTIFY THAT IT IS A TRUE AND CORRECT COPY OF THE ORIGINAL. I DECLARE UNDER PENALTY OF PERJURY THAT ALL THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.

EXECUTED THIS ____ DAY OF _____, 20__.

OWNER(S)/TENANT(S):

Signature

Signature

Printed Name

Printed Name

NOTE TO PREPARER: ATTACH ADDITIONAL PAGES FOR ALL OCCUPANTS.
ATTACH PROOF OF AGE FOR ALL PERMANENT OCCUPANTS

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED (TOTAL ADDITIONAL PAGES ____)