



Age and Occupancy Verification Survey

Property Address	
Owner(s)	
This property is	_____ Owner-occupied _____ Leased
Email	

Auberge at Del Sur is "Senior Citizen Housing Development" as defined by state and federal occupancy laws. These occupancy laws and the CC&Rs to which each Owner agreed when purchasing a unit within Auberge at Del Sur generally require that each unit be occupied by at least one person who is at least 55 years old and that all other residents be limited to categories listed in the CC&Rs. The applicable CC&R's and applicable occupancy laws require the Auberge Community Association (Association) to periodically verify that the units within the community are being occupied in accordance with these restrictions.

Please provide the information below for each individual residing in your unit. Use of this information is limited to verifying occupancy and it will not be used for any other purpose. Please attach a photocopy of all government issued identification used to complete the form. If the property is leased, attach a photocopy of the rental agreement/lease.

Occupant Name	Date of Birth	Category	Identification (Type & Number)

Identification must be government issued and contain the date of birth.

Categories: 55+ = Qualifying Resident (55+) S/P = Spouse or Partner of Qualifying Resident
 45+ = Person over age 45 HCP = Permitted Health Care Provider
 DC = Disabled Child/Grandchild S-QPR = Supporting QPR

For each occupant not categorized as 55+ or 45+, please fill out the Age Verification Addendum.

The undersigned persons hereby certify that the information provided is accurate; that they will notify the Association of any change in occupancy; and that they will not allow the property to be occupied in violation of age restrictions.

Occupant _____ Date _____ Occupant _____ Date _____

Occupant _____ Date _____ Occupant _____ Date _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this ____ day of _____, 20____ at _____, California.

Homeowner Signature: _____

Please submit the completed form by:
 Mail: Auberge Community Association, 7921 Auberge Circle, San Diego, CA 92127
 Drop Off: In the "Association Inbox" at the front desk in The Club
 Email: To mignacio@keystonepacific.com



Age and Occupancy Verification Survey Addendum

Fill out all that apply:

I hereby attest that the following individual is the **spouse or cohabitant** (within the meaning of California Family Code Section 297) of the Qualifying Resident.

Spouse or Cohabitant _____ Qualifying Resident _____

I hereby attest that the following individual provides **primary physical or economic support** to the named Qualified Permanent Resident.

Support Provider _____ Supported Qualifying Permanent Resident _____

I hereby attest that following child or grandchild of the following Qualified Permanent Resident is **disabled** and requires assistance with daily activities.

Disabled Child or Grandchild _____ Qualified Permanent Resident _____

I hereby attest that the following Qualified Permanent Resident is disabled and requires assistance with daily activities and that the following **Permanent Health Care Resident** is a full-time resident of who provides that assistance on a daily basis.

Qualified Permanent Resident _____ Permanent Health Care Resident _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this ____ day of _____, 20____ at _____, California.

Homeowner Signature: _____

**** Please attach a photocopy of all government issued identification used to complete the form****

If you do not wish to attach a copy of your government issued identification, please bring your forms to the office to present to the General Manager.

Please submit the completed form by:
Mail: Auberge Community Association, 7921 Auberge Circle, San Diego, CA 92127
Drop Off: In the "Association Inbox" at the front desk in The Club
Email: To mignacio@keystonepacific.com