

LOT #

**PEACOCK HILLS SENIOR COMMUNITY ASSOCIATION, INC.**  
1525 Peacock Boulevard Oceanside, CA 92056-2101

REQUIRED EVERY TWO YEARS BY THE FEDERAL GOVERNMENT AND CALIFORNIA STATE LAW.

**RESIDENT SURVEY 2011**  
Questions, Phone 708-3036

I, the undersigned, declare as follows:

1. This declaration concerns the real property (hereinafter "Property") located at:

Street Address.

2. I reside on the Property. (Note: Only residents should complete this form)

3. I am an OWNER of the Property OR I am a TENANT (RENTER) of the Property

4. OCCUPANTS. The names, ages, dates of birth and dates of occupancy of all persons Who are present occupants of the Property are as follows:

a  
Print name of Occupant 1                      Age              Date of Birth      Date Occupancy Commenced

I certify that a document verifying the age of the above person has been previously submitted to the association.

b.  
Print name of Occupant 2                      Age              Date of Birth      Date Occupancy Commenced

I certify that a document verifying the age of the above person has been previously submitted to the association.

**List any other occupants on the reverse side of this declaration.**

Check here if there are other occupants listed on the reverse side  
**If any occupant is under age 45, please complete reverse side..**

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**IN THIS SPACE, attach a copy of a document verifying the age of each resident listed *who has not previously submitted such document.***  
**(Copy of Driver's license is preferred, but passport or other official document is acceptable.) The License Number may be marked out. We ONLY need the name, address and date of birth to meet the Federal and State Law for residency in a Senior Community. Thank you for your cooperation.**

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

Signature

Date

Print or type name

Please include your Telephone Number

Emergency Contact Person. \_\_\_\_\_ Telephone# \_\_\_\_\_

**RESIDENT SURVEY: OTHER RESIDENTS** (Continued from page 1)

a Print name of Occupant 1                      Age                      Date of Birth      Date Occupancy Commenced

I certify that a document verifying the age of the above person has been previously submitted to the association.

b. Print name of Occupant 2                      Age                      Date of Birth      Date Occupancy Commenced

I certify that a document verifying the age of the above person has been previously submitted to the association.

c. Print name of Occupant 3                      Age                      Date of Birth      Date Occupancy Commenced

I certify that a document verifying the age of the above person has been previously submitted to the association

**Be sure to attach a copy of a document verifying the age of each resident list**

FOR ANY RESIDENT LISTED WHO IS UNDER 45 YEARS OF AGE, please complete the following. If more than one person, use a separate page.

Name of person under age 45 \_\_\_\_\_

The above-named person is a guest and not a permanent resident of the property. (A guest is defined as a person who occupies the property less than 60 days in any calendar year.) **Note:** Guest(s) have a CUMULATIVE total of 60 days per calendar year.,

The above-named person is the spouse or co-habitant of a resident who is 55 years of age or older  
**Copy of Marriage Certificate or State Certified proof of Domestic Partnership must be submitted.**

The above-named person is a health care provider, providing live-in, long-term, or hospice care to a qualified resident. **Documentation required: A doctors statement detailing the need for care, on his or her official letterhead, Qualifications of health care provider and tasks the health care provider will be performing.**

The above-named person resided in the home with a person age 55 years or older as the spouse of such person, prior to divorce or death.

The above-named person has a disability that precludes the person from living elsewhere and, under the American Disabilities Act (ADA), the association should make a reasonable accommodation to allow the person to continue to reside in the property. (Please explain below or on a separate sheet of paper.)

Other reason why the above-named person should be entitled to reside in the property:

*All information supplied will be strictly confidential*

**Please return within 15 days.**

Mail to 1525 Peacock Blvd. Oceanside CA. 92056, or drop in our BIG WHITE mailbox located on Peacock at Westerly Court.