

**LITTLE CLUB HOMEOWNERS ASSOCIATION, INC.**  
**FAIR HOUSING ACT**  
**AGE VERIFICATION SURVEY**

*Dear Homeowner/Resident:*

*Little Club is housing for older persons, fifty-five (55) years or older, as defined by the Federal and Florida Fair Housing Act. In order to qualify as housing for older persons, at least eighty percent (80%) of the occupied units in Little Club must be occupied by at least one-person which is fifty-five (55) years of age or older. In order to comply with the Fair Housing Act, every two years, the Association is required to complete an age verification survey to show that the community meets this requirement. If Little Club is not able to verify that it meets this requirement, it may lose its exemption as housing for older persons and would have to allow persons of all ages to reside in the community. In order to assist us with satisfying this legal requirement, please fill out the following for and return it and accompanying documentation to the Association no later than April 1, 20\_\_.*

**Address:** \_\_\_\_\_

**1. CURRENT STATE OF OCCUPANCY**

*The home is:*

*(Please check one)*

\_\_\_\_\_ *Currently Occupied*

\_\_\_\_\_ *Temporarily unoccupied, but I/we intend to return to the home periodically.*

\_\_\_\_\_ *Currently unoccupied*

**\*\* If the home is currently unoccupied, you do not need to fill out the remainder of this form.**

**2. OCCUPANT INFORMATION**

*Please provide the name and date of birth for each occupant of the home. If the home is temporarily unoccupied, please provide the following information for the occupants who occupied the home immediately prior to the date on which the home was temporarily vacated. If you require additional space, you may attach additional sheets to this form.*

**OCCUPANT 1:**

**OCCUPANT 2:**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**OCCUPANT 3:**

**OCCUPANT 4:**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

### 3. **DOCUMENTATION OF AGE**

*You must provide documentation regarding the age of the occupants of the home. You may verify the ages of the occupants in one of two ways. You may either:*

*a. Attach a copy of one of the following documents to this survey:*

*(1) Driver's license:*

*(2) Birth certificate:*

*(3) Passport:*

*(4) Immigration card:*

*(5) Military identification:*

*(6) Any other state, local, national, or international official documents containing a date of birth of comparable reliability.*

**OR**

*b. Complete the attached affidavit, have it notarized, and return it to the Association (in the enclosed envelope) with this form.*

*You are only required to either: (1) provide a copy of the identification listed above: or (2) complete the affidavit. You are not required to do both.*

### 4. **MISCELLANEOUS**

*If any of the following apply, please make a check mark next to the appropriate statement. NOTE: the statement will not apply to most people.*

\_\_\_\_\_ *I am under fifty-five (55) years of age and am an employee of Little Club.*

*I perform substantial duties related to the management or maintenance of the Community.*

\_\_\_\_\_ *I am under fifty-five (55) year of age, and I am necessary to provide a reasonable accommodation to disabled resident as required by 24 C.F.R.100.204.*

If you have any questions about filling out this form or the required documentation, please contact a member of the Board.

**AFFIDAVIT**

*The undersigned, being duly sworn, states:*

1. \_\_\_\_\_ *I am eighteen (18) years of age or older.*
2. \_\_\_\_\_ *I hereby certify that at least one occupant of Address*\_\_\_\_\_

*Name is* \_\_\_\_\_

*Is fifty-five (55) years of age or older.*

**FURTHER AFFIANT SAYETH NAUGHT:**

*Dated this* \_\_\_\_\_ *day of* \_\_\_\_\_ *20*\_\_\_\_\_

\_\_\_\_\_ *Signature*

\_\_\_\_\_ *Print Name*

**STATE OF FLOIRDA**

**COUNTY OF** \_\_\_\_\_

*The foregoing instrument was acknowledged before me on* \_\_\_\_\_ *20*\_\_\_\_. *By*  
\_\_\_\_\_ *who is personally known to me, or ( ) who has produced identification*  
*(type identification):* \_\_\_\_\_

**NOTARY SEAL**

*Notary Public* \_\_\_\_\_

*Print Name:* \_\_\_\_\_

*Commission Expires:* \_\_\_\_\_