

# **RENAISSANCE HOMEOWNERS ASSOCIATION**

## **Resident Age Verification Form**

In compliance with regulations contained in the Housing for Older Persons Act of 1995, *Renaissance Homeowners Association* is required to routinely monitor and maintain age-verification records for each residence. As the management company for the Association, FirstService Residential requests your assistance with completing the information on the form below and providing one copy of an age-verification document, as referenced. If more than one person will be living in the household, each resident should complete a separate form.

Please be advised that all personal information will be kept confidential. The Association Board and/or management company, however, is required to provide a statistical summary to Association members, the Department of Housing and/or other government bodies upon request. Should you have any questions, please feel free to direct them to *Robert Marino, Community Manager (732-323-0222)*. Thank you in advance for your cooperation.

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

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

Phone: (Home) \_\_\_\_\_ (Work): \_\_\_\_\_

(Cell): \_\_\_\_\_

Street Address of Property Purchased or Leased:  
\_\_\_\_\_

### **THIS SECTION FOR COMMUNITY ASSOCIATION USE ONLY**

The resident provided the following documentation to the Association as proof of age and occupancy:

\_\_\_\_\_ Driver's License (Front & Back Sides)

\_\_\_\_\_ Passport

\_\_\_\_\_ Immigration Card

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Military ID

\_\_\_\_\_ Qualifying Affidavit

\_\_\_\_\_ Other Form of Government Identification / Type: \_\_\_\_\_

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

By: \_\_\_\_\_

Signature of FirstService Residential Employee

**Please see page A5 of the April 2016 Renaissance Times for instructions and registration dates and times.**

**If you did not complete this form last year, please complete and return it to the Property Management Office no later than Friday, May 27, 2016, if you cannot make one of the registration dates listed on page A5.**

**This age-verification is mandatory by the State of New Jersey Housing for Older Persons Act of 1995.**

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

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

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

Street Address of Property Purchased or Leased:  
\_\_\_\_\_

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\_\_\_\_\_ Military ID

\_\_\_\_\_ Qualifying Affidavit

\_\_\_\_\_ Other Form of Government Identification / Type: \_\_\_\_\_

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

By: \_\_\_\_\_

Signature of FirstService Residential Employee

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

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

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

Street Address of Property Purchased or Leased:  
\_\_\_\_\_

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\_\_\_\_\_ Qualifying Affidavit

\_\_\_\_\_ Other Form of Government Identification / Type: \_\_\_\_\_

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

By: \_\_\_\_\_

Signature of FirstService Residential Employee