

**RIVERBEND OF NAPLES MOBILE HOMEOWNERS ASSOCIATION
777 WALKERBILT ROAD #42
NAPLES, FL 34110**

Web site: www.Riverbendofnaples.org

E-Mail: RiverbendofNaples@Yahoo.com

FAIR HOUSING ACT - CENSUS

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I/we am/are the occupant(s) of Unit # _____ in the Riverbend of Naples Mobile HOA.

I/we understand that the COOPERATIVE is required by Federal Law to verify the age of the occupants of the units. If the COOPERATIVE is to qualify for the Housing for Older Persons Exemption to the Federal Fair Housing Amendments Act of 1988 as amended.

The following information is true and correct:

- a. As of the date shown on this document, there was at least one (1) person occupying the unit who was age 55 or over.

Yes _____

No _____

Date: _____

- b. Please identify the current occupant(s) who is/are over 55:

Name _____

Date of Birth: _____

Name _____

Date of Birth: _____

- c. Please identify all other occupants:

Name _____

Date of Birth: _____

Name _____

Date of Birth: _____

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Unit # _____ Date _____

- d. I/we have provided photocopies of one of the following items (at least one must be photographic) as proof of age for each occupant for the Association's records, and the same are attached hereto:

Occupant 1: Name _____

Check applicable document:

- | | | |
|--------------------------|-----|-------|
| (1) Birth Certificate | [] | |
| (2) Driver's License | [] | |
| (3) Medicare Card | [] | |
| (4) Voter's Registration | [] | |
| (5) Other: (specify) | [] | _____ |

Occupant 2: Name _____

Check applicable document:

- | | | |
|--------------------------|-----|-------|
| (1) Birth Certificate | [] | |
| (2) Driver's License | [] | |
| (3) Medicare Card | [] | |
| (4) Voter's Registration | [] | |
| (5) Other: (specify) | [] | _____ |

- e. Please have this form notarized with an oath or attestation to its accuracy.

Signature (Occupant 1) _____

Printed Name _____ Date: _____

Signature (Occupant 2) _____

Printed Name _____ Date: _____

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Unit # _____ Date _____

STATE OF)
) ss.
COUNTY OF)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ (Occupant 1), who subscribed and swore to the foregoing instrument, and who is personally known to me, or produced _____ as identification, and did take an oath.

My Commission Expires: _____ Notary Public _____
Printed Name of Notary _____

Signature (Occupant 2) _____

Printed Name _____ Date: _____

STATE OF)
) ss.
COUNTY OF)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ (Occupant 2), who subscribed and swore to the foregoing instrument, and who is personally known to me, or produced _____ as identification, and did take an oath.

My Commission Expires: _____ Notary Public _____
Printed Name of Notary _____