

VERIFICATION OF AGE/OCCUPANCY AFFIDAVIT
DREAMLAND VILLA, A 55+ AGE-RESTRICTED SUBDIVISION

The completion of this Affidavit is **REQUIRED** by the US Department of Housing and Urban Development, Housing for Older Persons Act of 1995 and Maricopa County Zoning Ordinance Chapter 10, Section 1006, Senior Citizen Overlay.

Do you OWN or RENT
 Own Rent

_____ If you rent: please list the property owner/property manager's name

_____ Please provide the property owner/property manager's address.

_____ Mesa, AZ 85205
 Dreamland Villa Subdivision Address

Dreamland Villa Occupant's Name: List the oldest occupant's name first	Date of Birth:	Telephone Number May it be published in the Dreamland Directory?
#1 _____	_____	() _____ Y() N()
#2 _____	_____	() _____ Y() N()
#3 _____	_____	() _____ Y() N()

Street

Number

By my signature below I certify that the information stated above is accurate to the best of my knowledge.

_____ Person certifying must be 18 years of age or older _____ Date Certification Signed

The following information is voluntary:

In case of emergency, please notify (list a person not residing in the same home):

_____ () _____
 Name Telephone Number Relationship

Return the completed Affidavit to DREAMLAND VILLA RETIREMENT COMMUNITY
at 320 N. 55th Place, Mesa, AZ 85205 (480) 832-3461