

**KEY VISTA VILLAS HOMEOWNERS ASSOCIATION  
RESIDENT AGE VERIFICATION AFFIDAVIT**

**PLEASE READ THE INSTRUCTIONS ON Page 2 BEFORE COMPLETING FORM**

**ADDRESS:** \_\_\_\_\_

**I/We UNDERSTAND AND AGREE** that Key Vista Villas is an age-restricted community, and I / We hereby swear and affirm that all of the information provided below is accurate and true.

1. **Resident age verification information; nothing has changed** \_\_\_\_\_ *(Today's date)*

**--OR--** (see Instructions on page 2)

2. I am 21 years of age or older and a member of the household that resides at the address shown above, and I have personal knowledge of the ages of all resident members of this household.

3. Current resident age verification information is detailed below.

<b>RESIDENT NAME (Please print clearly)</b>	<b>CURRENT AGE</b>	<b>IDENTIFICATION PROVIDED (See instruction C-3 on page 2)</b>

Affirming  
RESIDENT

**NAME:** \_\_\_\_\_ (print)

**SIGNATURE:** \_\_\_\_\_ (sign)

AFFIRMING  
RESIDENT

**NAME:** \_\_\_\_\_ (print)

**SIGNATURE:** \_\_\_\_\_ (sign)

Mail completed forms and individual proofs of age to:

**Resource Property Management  
Attn: Beth King  
28100 U.S. Hwy 19 N., Suite 200, Clearwater, FL 33761**

Please read backside of paper

REV 08/25/2022gm/jk

