

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 22 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.

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

AFFIRMING RESIDENT NAME: _____
(print)

AFFIRMING RESIDENT SIGNATURE: _____
(sign)

AFFIRMING RESIDENT NAME: _____
(print)

AFFIRMING RESIDENT SIGNATURE: _____
(sign)

Mail completed forms and individual proofs of age to:

Resource Property Management
Attn: Chuck Pitassi, LCAM
28100 U.S. Hwy 19 N., Suite 200, Clearwater, FL 33761

