

# AGE VERIFICATION FORM

Send one copy immediately to Solivita Membership, and the original with closing documents.



395 Village Drive, Kissimmee, FL 34759  
[SolivitaMembership@Evergreen-LM.com](mailto:SolivitaMembership@Evergreen-LM.com)  
Phones: 863-866-8690 or 863-427-7143  
Fax: 863-496-4453



The Proposed Occupants named below, will occupy the following address located in the Solivita Active Adult Community

Address: \_\_\_\_\_ Kissimmee, FL 34759

Closing Date \_\_\_\_\_ or Lease Term - From: \_\_\_\_\_ To: \_\_\_\_\_

**Solivita Community Association Inc. IS INTENDED TO BE OPERATED FOR OCCUPANCY BY PERSONS FIFTY-FIVE (55) YEARS OF AGE OR OLDER. Solivita Community Association Inc. IS OBTAINING THIS AGE VERIFICATION IN ACCORDANCE WITH THE HOUSING FOR OLDER PERSONS ACT (AS DEFINED IN THE FAIR HOUSING ACT, TITLE VIII OF THE CIVIL RIGHTS ACT OF 1968, AS AMENDED, 42 U.S.C. § 3601, ET SEQ.) AND THE REQUIREMENTS OF THE DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS FOR Solivita Community Association Inc.**

- 1) Acknowledgment of Occupancy Requirements** The proposed occupants hereby acknowledge receipt of a copy of the Declaration of Covenants, Conditions and Restrictions for **Solivita Community Association Inc.** and all amendments thereto ("CC&Rs"), and agree to comply with the CC&Rs, as amended from time to time, and any Rules adopted by the **Solivita Community Association Inc.** (the "Association") that govern occupancy requirements.
- 2) Age Certification** The proposed occupants hereby certify that (i) the following person(s) 55 years of age or older occupy or will occupy the Residential Unit, (ii) no person under 18 years of age occupies or will occupy or reside in the Residential Unit, and (iii) the documentation listed below, which is used to verify the age(s) of the occupants, is valid and correct.
- 3) Resale or Lease of Premises** Any owner agrees to deliver to any purchaser or lessee of the Residential Unit the CC&Rs and any Rules, shall notify the Association in the event of any change in occupancy and agrees to otherwise comply with the age restriction provisions set forth in the CC&Rs.

**Provide the Names, Ages and Birth dates of ALL Proposed Persons occupying the Unit. Please Print.**

<u>Name</u>	<u>Birth Date</u>	<u>Phone Number</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

**Please attach a copy of age verification: driver's license, birth certificate, passport, immigration card, military identification or other similar evidence.**

**I hereby certify that I am of legal age and am or will be a member of the household that resides or will reside at as set forth above, and that the above information is true and correct.**

Signature

Email Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_