



FAIR HOUSING ACT – CENSUS

TAMIAMI MASTER ASSOCIATION, INC.

I/we am/are an occupant(s) in **Tamiami Village**. My/our street address is:

_____.

I/we understand that the Park is required by Federal Law to verify the age of the occupants of the homes, if the Park 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 home who was age 55 or over.

Yes _____ No _____

- 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 _____

- 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:

Check applicable documents provided

Occupant 1- Name _____

- (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 _____

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.

Physically Present

Digital Signature

My Commission Expires:

Notary Public

Printed Name of Notary

Occupant 2-Name_____

- (1) Birth Certificate ()
- (2) Driver’s License ()
- (3) Medicare Card ()
- (4) Voter’s Registration ()
- (5) Other (specify) ()_____

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

Signature (Occupant 2_____

Printed Name_____

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.

Physically Present

Digital Signature

Notary Public

Printed Name of Notary

My Commission Expires: