

SUN CITY HOME OWNERS ASSOCIATION

10401 W. Coggins Dr. Sun City, AZ 85351

**AFFIDAVIT OF OCCUPANCY IN REGARD TO
DETERMINING AGE(S) OF OCCUPANTS WHEN TITLE TRANSFERS**

Age Verification as to Occupants: The Fair Housing Amendments Act of 1988 contains an exemption regarding familial status which imposes requirements on developers and others who are in the sale and rental of dwellings. Sun City is also subject to the Maricopa County Senior Citizen Overlay Zoning District which requires that each dwelling unit be occupied by at least one (1) person fifty-five (55) years of age or older.

Age Verification Documents Required – See Page 2.

Directions: Purchaser(s) to complete Affidavit. Upon completion, return Affidavit to Sun City HOA 10401 W. Coggins Dr., Sun City, AZ 85351 along with documents evidencing age of occupants – at least one occupant must be 55 years of age or older. *In addition, no person under nineteen (19) years of age may reside in any unit for more than ninety (90) days in a twelve-month period.*

Sun City Property Being Purchased/ Address:

Alternate Mailing Address: _____

OWNER: _____ Date of Birth: _____

Phone #: _____ Cell #: _____

Email Address: _____

OWNER: _____ Date of Birth: _____

Phone #: _____ Cell #: _____

Email Address: _____

Will you Occupy the Property? _____ Yes _____ No (If No, Complete Below)

OCCUPANT INFORMATION, IF DIFFERENT THAN OWNER:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Age Verification Must be Submitted as to Those Occupying the Property:

The following is attached/submitted proving that at least one of said occupants is 55 years of age or older – whether owner occupied or occupied by others.

____ Copy of Valid Driver’s License ____ Copy of Birth Certificate

____ Other: _____

As Record Owner(s), I/We understand that I must fill out a new Affidavit of Occupancy every time there is a change of occupancy in the unit and provide the Affidavit to the Association at least ten (10) days prior to commencement of occupancy. I further understand that the unit must always be occupied by at least one (1) person 55 years of age or older, and that no person under the age of nineteen (19) may reside in the unit for more than ninety (90) days in any twelve (12) month period.

Name: _____ Name: _____

Signature: _____ Signature: _____

Owner

Owner

SUBSCRIBED AND SWORN TO before me the undersigned Notary Public this _____ day of _____, 201____, by _____

Notary Public

My Commission expires:
