

# Country Creek Patio Home Association

1136 Periwinkle Lane  
Fruita, CO 81521



COUNTRY  
CREEK

## VERIFICATION OF OCCUPANCY

The Housing for Older Person Act requires the Association to maintain and update records related to age verification of residents at least once every two years. The process helps to ensure compliance with federal regulations that govern housing for person 55 years of age or older.

On or before **December 31, 2025**, please complete and return the survey below to a Board Member or the Association Facilitator at the Association office 1136 Periwinkle Ln. When returning the survey, you will need to provide for review at least one form of documentation referenced on page two (2) as proof of age for the Qualifying Occupant.

The information collected by the survey may be produced by the Association in response to a complaint filed to determine compliance with federal regulations that govern housing for persons 55 years of age or older. Thank you for participating in this *mandatory* survey.

Address of Home: \_\_\_\_\_

Name of Qualifying Occupant: \* \_\_\_\_\_

Age & Date of Birth of Qualifying Occupant: \_\_\_\_\_

**\*Qualifying Occupant** must be 55 years or older and be a permanent occupant of the Home and consider the Home to be his or her legal residence and actually reside in the Home.

Names and ages of all other persons occupying Home on date below:

Name	Age	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The above information is provided by the undersigned who resides in the Home, being at least 18 years of age and having full knowledge of the facts, under penalty of perjury, this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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## FOR ASSOCIATION USE ONLY:

### Proof of Age Documentation Presented:

Driver's License

Immigration Card

Birth Certificate

Passport

Military Identification

Other official government ID showing birth date

Affidavit of knowledgeable person signed under penalty of perjury

Prior forms or certifications dated within the past 2 years

Other document: \_\_\_\_\_

Date: \_\_\_\_\_ By: \_\_\_\_\_  
Signature of Association Representative

Print Name: \_\_\_\_\_