



HOUSING FOR OLDER PERSONS AFFIDAVIT VERIFYING OCCUPANCY AND QUALIFICATION



COMES NOW THE AFFIANT, _____
(Name of Manager or Authorized Officer)

_____ of _____
(Title) (Name of Community Association)

and states, under oath, as follows:

1. All properties located in the above community are intended to be operated and qualified as housing for older persons under the Housing for Older Persons Act of 1995 and the implementing regulations of the U.S. Department of Housing and Urban Development.
2. Qualification as housing for older persons is based upon documentation that at least 80% of the qualified dwellings in the community are occupied by at least one person 55 years of age or older, and all units must henceforth be occupied by at least one person 55 years of age or older.
3. The association has in place documentation of verification procedures acceptable to the U.S. Department of Housing and Urban Development documenting, within the past two years, the ages and occupancy status of its residents as asserted in Paragraph 2 above. The association retains this documentation in its official records.
4. The association has prepared, and will make available to any person upon request, a summary of its documentation of this age and occupancy verification.
5. The association understands and acknowledges that this Affidavit shall be provided to property owners within the association, prospective buyers and tenants, real estate brokers, leasing agents, property managers and other members of the public, all of whom shall be entitled to rely upon the information set forth herein.
6. The association has registered its status as housing for older persons with the Florida Commission on Human Relations, and has met all requirements for maintaining said registration, as required by law.
7. This Affidavit is executed by an authorized representative of the above association, in the capacity set forth below.

(Signature of Affiant)

(Date)

(Printed Name of Affiant)

STATE OF FLORIDA

COUNTY OF _____

SWORN TO, SUBSCRIBED AND ACKNOWLEDGED before me the undersigned notary public, on

_____, {Insert Date}

by _____ ☐ manager or ☐ officer
on behalf of the Board of Directors of the above named community association.

(Signature of Notary Public)

(Printed Name of Notary Public)

My Commission expires: _____