

**SOL Y MAR COMMUNITY ASSOCIATION  
AGE AND OCCUPANCY SURVEY FORM  
(REQUIRED TO ACCESS COMPLIANCE WITH STATE AND FEDERAL LAW)**

THIS SURVEY CONCERNS THE RESIDENCE LOCATED AT:

\_\_\_\_\_ (“Property”)

Sol Y Mar (the “**Community**”) is an age-qualified Community for persons 55 years of age or older. Individuals who are under 55 may not occupy any Residence for more than sixty (60) days in any calendar year, unless they satisfy specific criteria under applicable state and federal law for permanent occupancy. Applicable age and other occupancy criteria for each resident are set out in Section 2.5 of the Declaration of Covenants, Conditions, Restrictions and Reservation of Easements for Sol Y Mar (“**Declaration**”). The Sol Y Mar Community Association (the “**Association**”) is required under the Declaration to monitor and enforce compliance with age and occupancy criteria throughout the Community.

**IN ORDER TO ENSURE THAT THE COMMUNITY CONTINUES TO COMPLY WITH APPLICABLE LAW, THE INFORMATION CALLED FOR IN THIS FORM WILL BE COLLECTED BY THE ASSOCIATION AT THE FIRST CLOSE OF ESCROW FOR THE PROPERTY, THE CLOSING OF EACH RE-SALE, THE COMMENCEMENT OF EACH LEASE TERM AFFECTING THE PROPERTY, AND WHENEVER A NEW OCCUPANT MOVES INTO A RESIDENCE, BUT IN NO EVENT LESS FREQUENTLY THAN ONCE EVERY TWO (2) YEARS. THE BOARD MAY, IN ITS DISCRETION, REQUIRE THAT THIS INFORMATION BE COLLECTED MORE FREQUENTLY IF NECESSARY TO ASSESS COMPLIANCE WITH THE DECLARATION AND APPLICABLE LAW. THE INFORMATION COLLECTED IN THIS FORM WILL BE HELD IN CONFIDENCE TO THE GREATEST DEGREE POSSIBLE. A WRITTEN SUMMARY OF THE INFORMATION YOU PROVIDE WILL BE KEPT ON FILE WITH ASSOCIATION AND MADE AVAILABLE FOR INSPECTION.**

**THIS FORM IS TO BE COMPLETED BY THE OWNER OR TENANT OF THE PROPERTY. YOUR COOPERATION IS REQUIRED UNDER THE DECLARATION AND IT IS ESSENTIAL TO PRESERVING OUR CONTINUED RIGHT TO OPERATE AS AN AGE-QUALIFIED COMMUNITY. THANK YOU.**

You must attach a proof of age (photocopy of driver’s license, birth certificate, or other positive identification acceptable to Association) for every permanent occupant listed on this survey who occupies the Property as a “Qualifying Resident” or “Qualified Permanent Resident.” You may mark out the license number or passport number from the photocopy. Proof of age must show name, address and date of birth to comply with law governing age-qualified communities. The Association reserves the right to verify any information given below.

I, the undersigned, declare as follows:

1.  I am the owner of the Property  
or  
 I am a tenant of the Property.

2. The following is a complete list of the current occupants of the Property:

Print Name of Occupant 1	Age	Date of Birth
Print Name of Occupant 2	Age	Date of Birth
Print Name of Occupant 3	Age	Date of Birth
Print Name of Occupant 4	Age	Date of Birth

**(If there are additional occupants, please attach additional sheets.)**

**THIS FORM IS TO ASSIST OWNERS, TENANTS AND ASSOCIATION IN DETERMINING WHETHER THE OCCUPANTS OF THE PROPERTY COMPLY WITH THE AGE AND OCCUPANCY REQUIREMENTS OF THE DECLARATION. PERSONS WHO DO NOT QUALIFY FOR PERMANENT OCCUPANCY UNDER ONE OF THE CATEGORIES DESCRIBED BELOW AND IN THE DECLARATION MAY NOT OCCUPY THE PROPERTY FOR MORE THAN SIXTY (60) DAYS IN ANY CALENDAR YEAR.**

<b>PART I</b>	<p><b>THIS PART MUST BE COMPLETED FOR EACH OCCUPANT OF THE PROPERTY (BOTH OWNER AND NON-OWNER) BY AN OWNER OR TENANT OF THE PROPERTY. NONRESIDENT OWNERS ARE RESPONSIBLE FOR ENSURING THAT ALL RESIDENTS OF THE PROPERTY TIMELY AND FULLY COMPLY WITH EACH SURVEY AND ALL APPLICABLE AGE AND OCCUPANCY RESTRICTIONS.</b></p> <p><b>ALL PERMANENT OCCUPANTS OF THE PROPERTY MUST MEET AT LEAST ONE (1) OF THE FOLLOWING QUALIFICATIONS FOR RESIDENCY IN THE COMMUNITY. CHECK ONLY ONE (1) OF THE FOLLOWING FOR EACH OCCUPANT (PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY):</b></p>
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<b>CATEGORY A: QUALIFYING RESIDENT</b>	<input type="checkbox"/>	<p><b>QUALIFYING RESIDENT.</b> The occupant named below is 55 years of age or older and occupies the Property on a permanent basis. For purposes of this survey, "permanent basis" occupying the Property at least six (6) months in every calendar year.</p> <hr/> <p>PRINT NAME OF QUALIFYING RESIDENT</p> <hr/> <p>DATE OCCUPANCY COMMENCED</p>
<b>CATEGORY B: PERMITTED HEALTH CARE RESIDENT</b>	<input type="checkbox"/>	<p><b>PERMITTED HEALTH CARE RESIDENT.</b> The occupant named below does not qualify for permanent occupancy as a Qualifying Resident (Category A above) or as a Qualified Permanent Resident (Category C below), but actually provides live-in, long-term or hospice health care to:</p> <hr/> <p>who is a Qualifying Resident (as defined under Category A above).</p> <p><b>AND</b>, the care that this occupant provides is substantial in nature and includes assistance with necessary daily activities or medical treatment or both.</p> <hr/> <p>PRINT NAME OF PERMITTED HEALTH CARE RESIDENT</p> <hr/> <p>DATE OCCUPANCY COMMENCED</p> <p><input type="checkbox"/> <b>(CHECK IF APPLICABLE)</b> The named occupant is a family member of the Qualifying Resident; <b>OR</b></p> <p><input type="checkbox"/> <b>(CHECK IF APPLICABLE)</b> The named occupant is not a family member of the above Qualifying Resident, but is hired to provide the above care to the Qualifying Resident for compensation. Compensation includes lodging and food in exchange for care.</p> <p><b>AND</b>, the above-named occupant is permitted to occupy the Property as a Permitted Health Care Resident because, as of the date of this Survey:</p> <p><input type="checkbox"/> The Qualifying Resident receiving live-in care is present in the Property; <b>OR</b></p> <p><input type="checkbox"/> Commencing _____, the Qualifying Resident receiving live-in care is absent for a period not to exceed 90 days to receive necessary medical care or hospitalization, but has made written request to the Board of Directors to permit the above-named occupant to remain during such absence.</p>
<b>CATEGORY C: QUALIFIED PERMANENT RESIDENT</b>	<input type="checkbox"/>	<p><b>QUALIFIED PERMANENT RESIDENT.</b> The occupant named below is not 55 years of age or older and is not a Permitted Health Care Resident, but qualifies for permanent occupancy in the Property as a Qualified Permanent Resident, because of the following (<b>check C.1 or C.2 below as applicable</b>):</p> <hr/> <p>PRINT NAME OF QUALIFIED PERMANENT RESIDENT</p> <hr/> <p>DATE OCCUPANCY COMMENCED</p> <p>(To qualify under C.1 or C.2 below, you must satisfy at least one of the following categories): CHECK ONE:</p> <p>1. <input type="checkbox"/> The named Qualified Permanent Resident is 45 years of age or older; <b>OR</b></p> <p>2. <input type="checkbox"/> The named Qualified Permanent Resident is the spouse,</p>

		<p>cohabitant* or person providing primary physical or economic support to the Qualifying Resident named in Category A above.</p> <p>*For purposes of this question, a "cohabitant" is a person who lives with the Qualifying Resident named in Category A above as a husband or wife or as a domestic partner.</p> <p><b>OR:</b></p> <p><input type="checkbox"/> <b>(CHECK IF APPLICABLE)</b> Neither 1 nor 2 above apply, and therefore C.1 and C.2 do not apply to this occupant. <b>The named occupant does not satisfy requirements for occupancy as a Qualified Permanent Resident unless C.3 applies (skip to C.3).</b></p>
<p><b>CHOOSE ONE OF THE FOLLOWING:</b></p>	<p><b>C.1 Qualifying Resident Present</b></p>	<p><input type="checkbox"/> This occupant occupies the Property with _____ who is a Qualifying Resident named in Category A above, and is a permanent occupant of the Property; <b>OR</b></p>
	<p><b>C.2 Qualifying Resident Absent</b></p>	<p><input type="checkbox"/> This occupant occupied the Property with the Qualifying Resident named in Category A above and was a permanent occupant of the Property before (<b>mark at least one box and give date below</b>):</p> <p><input type="checkbox"/> The Qualifying Resident's death; <b>OR</b></p> <p><input type="checkbox"/> The Qualifying Resident's hospitalization; <b>OR</b></p> <p><input type="checkbox"/> The Qualifying Resident's prolonged absence from the Property; <b>OR</b></p> <p><input type="checkbox"/> The dissolution of our marriage.</p> <p>Which occurred on (date) _____</p>
	<p><b>C.3 (To be completed only if C.1 or C.2 do not apply)</b></p>	<p><input type="checkbox"/> <b>ALTERNATIVE FOR DISABLED PERSONS (CHECK IF APPLICABLE):</b> The occupant named above is a physically or mentally disabled person or person with a disabling illness or injury, AND is a child or grandchild of _____ who is a Qualifying Resident named under Category A above, or who is a Qualified Permanent Resident named under Category C.1 or C.2 above.</p> <p><b>AND</b></p> <p>Because of this occupant's disability or disabling condition, this occupant needs to live in the Property with the Qualifying Resident or Qualified Permanent Resident named above.</p>

**PART II: CERTIFICATION AND SIGNATURE.**

I HAVE ATTACHED PROOF OF AGE TO THIS FORM AND CERTIFY THAT IT IS A TRUE AND CORRECT COPY OF THE ORIGINAL. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.

EXECUTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, AT \_\_\_\_\_, CALIFORNIA.

OWNER(S)/TENANT(S):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**NOTE TO PREPARER: ATTACH ADDITIONAL PAGES FOR ALL OCCUPANTS**  
**ATTACH PROOF OF AGE FOR ALL PERMANENT OCCUPANTS**

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED  
(TOTAL ADDITIONAL PAGES \_\_\_\_\_)