

**EXHIBIT "G"**

**FLORA PARK COMMUNITY ASSOCIATION**

**AGE VERIFICATION FORM  
OVATION AT FLORA PARK  
AGE AND OCCUPANCY SURVEY FORM  
(REQUIRED TO ASSESS COMPLIANCE WITH STATE AND FEDERAL LAW)**

THIS SURVEY CONCERNS THE RESIDENCE LOCATED AT: (" <b>Property</b> ")

Ovation at Flora Park (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 (whether consecutive or non-consecutive) 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 the Declaration of Covenants, Conditions, Restrictions and Reservation of Easements for the Community ("**Declaration**"). The Homeowner's Association for the Community (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 OWNERS AND TENANTS 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. OWNER AND TENANT COOPERATION IS REQUIRED UNDER THE DECLARATION AND IT IS ESSENTIAL TO PRESERVING OUR CONTINUED RIGHT TO OPERATE AS AN AGE-QUALIFIED COMMUNITY.**

Owner must attach proof of age (photocopy of state identification card, passport, 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"



<p><b>CATEGORY A: QUALIFYING RESIDENT</b></p>	<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" means the occupant considers the Property to be his or her primary legal Residence and either resides in it continuously or returns to occupy the Property during every calendar year.</p> <p>PRINT NAME OF QUALIFYING RESIDENT _____</p> <p>DATE OCCUPANCY COMMENCED _____</p>
<p><b>CATEGORY B: PERMITTED HEALTH CARE RESIDENT</b></p>	<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> <p>_____</p> <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> <p>_____</p> <p>PRINT NAME OF PERMITTED HEALTH CARE RESIDENT _____</p> <p>_____</p> <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; <b>OR</b></p> <p><input type="checkbox"/> The Permitted Health Care Resident has occupied the Property for the past ninety (90) days under the hospitalization exception immediately above, and has received written authorization from the Board of Directors to continue occupancy for an additional period not to exceed ninety (90) days commencing _____ which period the Board has been advised is a reasonably commensurate with the anticipated duration of the Qualifying Resident's additional period of medical care or hospitalization.</p>

<p><b>CATEGORY C: QUALIFIED PERMANENT RESIDENT</b></p>	<p><input type="checkbox"/></p>	<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, C.2, or C.3 below as applicable</b>):</p> <p>_____</p> <p>PRINT NAME OF QUALIFIED PERMANENT RESIDENT</p> <p>_____</p> <p>DATE OCCUPANCY COMMENCED</p> <p>(To qualify under C.1 or C.2 below, Resident must satisfy at least one (1) of the following categories): CHECK ONE:</p> <p>1. <input type="checkbox"/> The named Qualified Permanent Resident is 45 years of age or older; OR</p> <p>2. <input type="checkbox"/> The named Qualified Permanent Resident is the spouse, cohabitant* or person providing primary physical or economic support to the Qualifying Resident named in Category A above.</p> <p>.</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 below 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 _____</p> <p>_____</p> <p>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 either 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>
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**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 ALL 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 \_\_\_\_\_)