



DILUCIA

MANAGEMENT CORPORATION

100 Jacobs Hall Lane, Lansdale, PA 19446 Telephone: (215) 692-1600 Facsimile: (215) 692-1609

COMPLIANCE AFFIDAVIT HOUSING FOR OLDER PERSONS ACT OF 1995

This Affidavit acknowledges that the undersigned has purchased the Home identified as _____ and situated in Four Seasons at Stone Harbor, an age restricted community located in Middle Township, Cape May County, New Jersey. Four Seasons at Stone Harbor is subject to the Housing for Older Persons Act of 1995, which requires that the Developer and/or Four Seasons at Stone Harbor Condominium Association maintain a census of the occupants of the Community (Condominium Association) and their ages. This will further acknowledge that based upon my personal knowledge, each person's age is indicated below. I agree to sign a census form that may be requested of me from time to time by the Association in order to update this information. I swear that the statements in this Affidavit are true.

PLEASE PRINT

RESIDENT(S)
NAMES

AGE/
BIRTH DATES

RELATIONSHIP TO
OTHER OCCUPANTS

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

As verification of the above information, please attach to this Notice, a copy of one of the following documents for each person named above.

1. Driver's License
2. Birth Certificate
3. Passport
4. Any other official identification that shows a birth date and that the above information is true.

I hereby acknowledge that the statements made herein are true to the best of my knowledge and belief.

Owner/Occupant

Date

Owner/Occupant

Date



Four Seasons at Stone Harbor Condominium Association, Inc.