

Wifi password 0000ffff5

HOME OWNER _____ RENTER _____

DIXIE DOWNS RV RESORT

ASSOCIATION MEMBERSHIP APPLICATION AND AGE VERIFICATION

List **ALL** individuals that will be residing at Dixie Downs RV Resort

Unit Number of Unit you are to occupy. _____

NAME _____ AGE _____

SPOUSE _____ AGE _____

Current Physical Address _____

Documentation of age: Copy of Drivers License or Birth Certificate,
Notarized Statement or other proof of age. Please attach a copy hereto.

EMAIL ADDRESS: _____

TELEPHONE NUMBER(S) _____

CELL PHONE NUMBER(S) _____

Do you have pets? _____ How Many _____

In case of emergency please notify: Name, address, and phone number

Documentation of Age of RV:

If you are to reside in an RV, the unit must be no older than 10 years old. If older, please submit a picture for the Boards approval. Documentation of the age of the unit must be received with the application.

PLEASE READ AND SIGN THE STATEMENT

In applying for membership in the association, I (we) understand that Dixie Downs RV Resort Owners Association is being managed as housing for older persons and, in order to comply with the requirements of the Fair Housing Amendments Act of 1988, Dixie Downs RV Resort Owners Association (Board of Directors) must consistently evidence an intention to provide housing for older persons, and at least eighty (80) percent of the residences must be occupied by at least one person, fifty-five years of age or older. I, (we) further acknowledge that the association is required to monitor and verify the age of the occupants in the Dixie Downs RV Resort Project and, in the event the residence is occupied by persons other than as provided herein, such that such occupancy shall not demonstrate an intention to provide housing for older persons or shall cause less than at least eighty (80) percent of the units at the Dixie Downs RV Resort project to be occupied by at least one person whose age is fifty-five (55) and over, the association shall have the right to enforce the provisions of the documents by any appropriate means. I (we) certify that the information supplied by me (us) is true and correct.

Dated this _____ day of _____ 20____

Applicant _____

Spouse _____

I certify I have done the applicable and necessary checks on the above applicant.

HOMEOWNER : _____ Date _____

Verify required unit age and occupant age.

Verified by HOA _____ Date _____