



ASSOCIATION, INC.

102 S. Plymouth Court, Southampton, NJ 08088

(609) 859-8001

caa@leisuretowne.org

SURVEY OF AGE VERIFICATION-2024

I am a resident of the home located at _____
in LeisureTowne. *(Insert Street Address)*

Are you the owner of this home? ___ Yes ___ No

If no, please provide the Owners Name & Address: _____

I have personal knowledge of the ages of the occupants of this home and represent that at least one occupant is fifty-five (55) years of age or older, or that I am a surviving spouse or child of a deceased qualified resident owner, who established residency before the death.

**LIST ALL OCCUPANTS BELOW - PLEASE PRINT CLEARLY
(IF VACANT, WRITE "VACANT" IN BOX 1, SIGN, DATE & RETURN)**

	NAME	AGE	DATE of BIRTH	RELATIONSHIP to 1 st OCCUPANT
1.				SELF
2.				
3.				

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

1. Driver's License
2. Birth Certificate
3. Passport
4. Baptismal Certificate, Naturalization Papers, or any other official identification that shows a birth date and that the above information is true.

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

Phone Number: _____ Email: _____

Signature _____ Date _____

LeisureTowne

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Please provide any updated information to your emergency contacts, telephone numbers, mailing address, and your email address. If you have any questions, please feel free to contact the Association Office at 609-859-8001.

Resident Name: _____

Resident Address: _____

Resident Phone #: _____

Cell Phone # : _____

Resident Email Address: _____

Emergency information: Who to contact in case of an emergency:

Name: _____

Address: _____

Phone #: _____ Cell #: _____

Relationship to you: _____