

Leisure Acres of Wyoming, Incorporated  
2150 Banner Drive, SW  
Wyoming, Michigan 49509

CERTIFICATION OF AGE QUALIFIED OCCUPANCY

Leisure Acres of Wyoming, Inc is a housing development for persons age 55 or older. Fair Housing Act (Title VIII of the Civils Right Act of 1968, as amended, 42 USCA 3601-3619 and it's supporting regulations) exempts "housing for older persons" from the prohibition against discrimination because of family status if the housing is intended and operated for occupancy by persons 55 years of age or older. **The Federal regulations require an age verification survey every two years** which includes the execution of a verification of occupancy, together with photocopy verification of the individual and/or individual resident's personal identification. This requires each resident provide a photocopy of a driver's license or Michigan identification card (which may be substituted by a photocopy of the birth certificate, a passport, immigration card and/or military identification) to the Board. Leisure Acres of Wyoming will perform this survey during the odd number years. Failure to provide the requested occupancy certification and photocopy verification of the individuals' identification now, and by October 1 of each odd number year (2015, 2017, etc) will result in the imposition of a fine in the amount of \$25.00 per month until the information is provided.

I, the undersigned, being of appropriate age or older and a member of the household noted below, have personal knowledge of the ages of all occupants of this household. I hereby certify that all of \_\_\_\_ or at least one of \_\_\_\_ the occupants of this home is 55 years of age or older (check one).

The home is (check one): Shareholder occupied \_\_\_\_ Renter occupied \_\_\_\_

Shareholder's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Shareholder's/Occupant's Address \_\_\_\_\_ Condo# \_\_\_\_\_

Signature of Certifying Occupant \_\_\_\_\_

Occupant's names: (if a renter)

Please Print \_\_\_\_\_

Please Print \_\_\_\_\_

**Please attach or enclose necessary photocopied proof of age for each occupant.**

**For Office use:**

Date turned in: \_\_\_\_\_ Photocopy of identification obtained for occupants: \_\_\_\_\_

Types of identification photocopies: \_\_\_\_\_

Submit to Leisure Acres of Wyoming, Inc., Office  
2150 Banner Dr. SW  
Wyoming, MI 49509