

## OCCUPANCY CENSUS/AGE VERIFICATION

In accordance with the Declaration of the Association, occupants are required to complete and submit the following census every two years, when there is any change in occupancy or when requested by the Executive Board.

ASSOCIATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

The undersigned owner(s) of the unit listed above hereby certifies that the occupant(s) of the Unit and their ages are as follows:

**PLEASE PRINT CLEARLY**

\_\_\_\_\_  
Last Name First Name MI

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year Relationship

\_\_\_\_\_  
Last Name First Name MI

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year Relationship

\_\_\_\_\_  
Last Name First Name MI

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year Relationship

\_\_\_\_\_  
Last Name First Name MI

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year Relationship

You must list all occupants. Please attach additional names and census information on a separate sheet.

**Please attach copies of the driver's licenses (or other adequate proof of age) of all persons who occupy the Unit.**

### VERIFICATION

I/WE verify that the statements made in this Occupancy Census are true and correct to the best of his/her/their knowledge, information, and belief and understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsification to authorities.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print or type name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print or type name)

This form may be returned to:  
Continental Property Management  
975 Easton Road, Suite 102, Warrington, PA 18976  
215-343-4409 (fax) info@cpm975.com (email)