



979 Edgebrook Drive North
Toms River, NJ 08757-4532

Email: sil verridgeparkeast@comcast.net

Phone 732-505-1081
FAX 732-505-3223

A 55+ SENIOR COMMUNITY

Dear Realtor / Homeowner / Tenant,

To avoid any difficulties doing business in our community, the Board of Trustees would like to inform you of the following requirements.

- 1. Owners must occupy the home as a primary residence for (2) years before renting is permitted.**
2. One tenant/occupant must be 55 or older before start of Lease. No one under 18 years of age may live in our community.
3. Tenant must complete a Tenant Certification Form.
4. No corporations, LLCs, Shelters, Companies, Partnerships, Limited partnerships, Business organizations, Trade Name or organized entity of any kind other than human beings shall purchase a living unit in our community.
5. **Two proofs of age for each tenant and occupant must accompany the Certification. Proofs of age are: valid driver's license, birth certificate, passport, military I.D. or naturalization papers. Social security or Medicare / Medicaid cards are NOT acceptable.**
6. Paperwork must be in our office a minimum of two weeks before start of lease. Failure to comply may delay the issuance of the Qualification letter needed for the Certificate of Occupancy.
7. **Our Covenants are Restrictions require a copy of the lease and a \$300 check from the owner to process the paperwork.**
8. Qualification letter from SRPE Real Estate Liaison is needed for a Certificate of Occupancy for a rental.
9. Owners are strongly encouraged to obtain a copy of the Covenants and Restrictions / By-Laws for their tenant(s). If not available, the owner may obtain a copy at our website - SRPEAST.com.

Questions should be directed to the Real Estate Liaison at 732-505-1081.

Real Estate paperwork will be processed only on Mondays, Wednesdays and Fridays from 9:00 to 12:00 Noon.

Thank you for your cooperation,

Silver Ridge Park East
BOARD OF TRUSTEES

Silver Ridge Park Association (East)

979 Edgebrook Drive North
Berkeley Township, NJ 08757-4532
An Age-Restricted Adult Retirement Community

Tenant Certification

(Please Type or Clearly Print All Information)

Date _____ e-mail address _____

Property Owner(s) Name(s) _____ Phone _____

SRPE Property Address: _____ Block _____ Lot _____

Owner Address: _____
(If different from SRPE property address)

Tenant (s) Name(s): _____

Current Address: _____

Certification:

**I / We, lessee / tenant of the Silver Ridge Park (SRP) property address herein named do hereby certify that
I / We:**

- **Have** attained (at least one tenant) age fifty-five (55) on or before the lease/rental agreement set herein or date of this document;
- **Agree** to provide SRPE two forms of identification that may be copies of valid Driver License, Passport, Birth Certificate or other acceptable identification requested for **all** persons named in the tenant lease/rental agreement upon signing the tenant lease/rental agreement or date of this document and, that said documents are subject to SRPE validation and acceptance;
- **Shall** be the primary occupant(s) of the residence and have no person under age eighteen (18) permanently residing at the SRPE property herein named and no more than four (4) persons residing in said household;
- **Agree** that, as tenants of the property, any persons under age fifty-five (55) residing with me/us may do so only while I/we are in residence pursuant to age restrictions contained in SRPE Covenants and Restrictions and By-Laws and other Rules and Restrictions. This does not include short periods of absence of one month (31) days or less in any calendar year;
- **Acknowledge** receipt and reading of Silver Ridge Park Association Declaration of Covenants and Restrictions prior to tenant lease/rental agreement signing or date of this document and agree to abide by it along with all By-Laws and other rules and restrictions of SRPE;
- **Acknowledge** that any and all information provided within this Certification, as well as all forms of identification submitted to SRPE as proof of age, are accurate and valid;
- **Acknowledge** that, in the event SRPE determines that any and all information provided and/or forms of identification submitted are not accurate or valid, or are otherwise fraudulent or falsified, SRPE has the right to commence any legal or equitable action to which it may be entitled.
- **Agree** that lessee/tenant will not occupy the property herein named until all terms and conditions and acknowledgements within this certification have been satisfied.

Silver Ridge Park Association (East)

979 Edgebrook Drive North
Berkeley Township, NJ 08757-4532
An Age-Restricted Adult Retirement Community

Tenant Certification

(Please Type or Clearly Print All Information)

- Tenant Lease / Rental Agreement Date: _____ Term: _____

Under penalties of law, I/We affirm compliance with all statements contained in this certification.

Lessee/Tenant Signature _____ Date _____

Lessee/Tenant Signature _____ Date _____

Printed Name _____

Printed Name _____

Property Owner Certification

I / We, Owner(s) of the Silver Ridge Park East (SRPE) property address herein named do hereby certify that I/We;

- **Have** verified that Lessee/Tenant(s) meets all SRPE residence requirements and complies with all terms and conditions and acknowledgements in this certification;
- **Are** a registered landlord with the Township of Berkeley and specifically for the property named herein;
- **Have** obtained the required Township of Berkeley Certificate of Occupancy for the Lessee/Tenant(s) named herein with a copy to SRPE;
- **Acknowledge** that, in the event SRPE determines that any and all information provided and/or forms of identification submitted are not accurate or valid, or are otherwise fraudulent or falsified, SRPE has the right to commence any legal or equitable action to which it may be entitled, and will use all information submitted as proofs in any legal action or proceeding by SRPE;
- **Agree** that lessee/tenant will not occupy the property herein named until all terms and conditions and acknowledgements in this certification have been satisfied;
- **Agree** to complete the Housing for Older Persons Act (HOPA) Survey every 2 years as required by HUD.

Under penalties of law, I/We affirm compliance with all statements contained in this certification.

Owner Signature _____ Date _____

Owner Signature _____ Date _____

Printed Name _____

Printed Name _____

Form Disposition:

Return completed **original form** with **legible identification such as, a valid driver's license, birth certificate, valid passport or military I.D.** attachments to: Administrative Secretary at address shown on top of this form **upon signing tenant lease/rental agreement. Failure to comply may delay receipt of Certificate of Occupancy.** Address questions to Administrative Secretary, Linda Bross at 732-505-1081

Silver Ridge Park Association

979 Edgebrook Drive North, Toms River, NJ 08757

Phone: 732-505-1081

EMERGENCY CONTACT FORM FOR TENANTS

Please provide information for person(s) to be contacted so we may be of assistance in case of an emergency. All information will be held in confidence in Association files. Please print all information and return this form to the Office as soon as possible.

Tenant's

Name _____ Phone _____ Cell _____

Tenant's

Name _____ Phone _____ Cell _____

Auto Make

Model

Auto Color

Plate Number

Auto Make

Model

Auto Color

Plate Number

Owner's

Name _____ Phone _____ Cell _____

Owner's Address:

EMERGENCY CONTACT 1:

Name _____ Relationship _____

Address _____ City, State, ZIP _____

Telephone _____ Cell _____

EMERGENCY CONTACT 2:

Name _____ Relationship _____

Address _____ City, State, ZIP _____

Telephone _____ Cell _____

Date Filed _____ Section No. _____



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A 55+ SENIOR COMMUNITY

HOPA Form

HOPA stands for Housing for Older Persons Act, signed into law on December 28, 1995, by President Clinton. HOPA is intended and operated for occupancy by at least one person 55 years of age or older per unit. It is required that this information be collected and verified with the age of all residents, periodically (every two (2) years).

It is a Federal requirement for Senior Communities to have documentation on file.
Under NJ Law, a letter regarding age is required to be filed with the deed.

Homeowner Renter (Check One)

Homeowner/Renter Name(s)

Street Address

City _____ State _____ Primary Phone # _____

Emergency Contact/Phone #

Should not be the same as Primary

Alternate Address (if owner not living in home):

Street Address

City

State

ZIP

Alternate Phone #

Email Address

Total number of people living in your home _____ including live-in assistants, housekeepers, aides, etc. Please list below the name(s); age and birthdate of all residents, **including yourself** if you live there:

NAME

AGE

BIRTHDATE

Person #1 _____

Person #2 _____

Person #3 _____

Person #4 _____

I/We certify this form to be an accurate statement of the number of persons living in my home with their accurate birthdates. Under penalty of perjury, I/we declare that the above information is true, correct and complete.

Homeowner/Renter Signature

Homeowner/Renter Signature

Date