



979 Edgebrook Drive North  
Toms River, NJ 08757-4532

Email: [silverridgeparkeast@comcast.net](mailto:silverridgeparkeast@comcast.net)

Phone 732-505-1081  
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A 55+ SENIOR COMMUNITY

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### Instructional Form For Owners Planning To Rent Their Property

Dear Homeowner:

To avoid any difficulties renting your property in the Silver Ridge Park East Community, The Board of Trustees would like to inform you of the following requirements for both the owner and tenant:

1. Owners must occupy the home as a primary residence for one (1) year before renting is permitted.
2. If the owner of the property is not living on the property, it is considered a rental. If the owner's family members are living on the property (and the owner is not), the family members are considered renters.
3. One occupant of your home must be 55 or older. No one under 18 years of age may live in our community.
4. No Corporations, LLCs, Trusts, Shelters, Companies, Partnerships, Limited Partnerships, Business Organizations, Trade Name or organized entity of any kind other than human beings shall lease a living unit in our community.
5. Tenants must complete the two page Tenant Certification Form and the one page Emergency Contact Form for Tenants. (All requirements on the "Instruction Form" apply).
6. A Qualification letter is needed for a Certificate of Occupancy for a rental.
7. **A valid driver's license (or State issued ID card), birth certificate, valid passport, military ID or naturalization papers. Social Security, Medicare/Medicaid or Credit Cards are NOT acceptable.**
8. Paperwork must be in our office a minimum of two weeks prior to occupancy.
9. **Our Covenants and Restrictions require a copy of the lease and a \$300 fee from the homeowner to process the paperwork for each new tenant.** Make check payable to Silver Ridge Park East Association.
10. Owners are strongly encouraged to supply the tenant with a copy of the **Covenants and Restrictions/By-Laws**. If one is not available, a copy can be obtained from our website ([srpeast.com](http://srpeast.com)) or in our office either in person or by email.

Questions should be directed to our office, (732) 505-1081. Office hours are Mondays, Wednesdays and Fridays from 9:00 am to 12:00 noon or leave a message on our voicemail.

Thank you for your cooperation.

THE BOARD OF TRUSTEES

Rev: 11/4/2022

*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 \_\_\_\_\_

SRP Property Address: \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Owner Address: \_\_\_\_\_

(If different from SRP property address)

Tenant (s) Name(s): \_\_\_\_\_ email: \_\_\_\_\_

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. **List all persons** that will be residing in the home;
- **Agree** to provide SRP two forms of identification that may be copies of valid Driver License, Passport, Birth Certificate or Naturalization Papers, 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 SRP validation and acceptance;
- **Shall** be the primary occupant(s) of the residence and have no person under age eighteen (18) permanently residing at the SRP 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 SRP Covenants and Restrictions Article 10, 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 SRP;
- **Acknowledge** that any and all information provided within this Certification, as well as all forms of identification submitted to SRP as proof of age, are accurate and valid;
- **Acknowledge** that, in the event SRP determines that any and all information provided and/or forms of identification submitted are not accurate or valid, or are otherwise fraudulent or falsified, SRP has the right to commence any legal or equitable action to which it may be entitled.

-Continued on next page-

*Silver Ridge Park Association (East)*

979 Edgebrook Drive North

Berkeley Township, NJ 08757-4532

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**Tenant Certification**

(Please Type or Clearly Print All Information)

- **Agree** that lessee/tenant will not occupy the property herein named until all terms and conditions and acknowledgements within this certification have been satisfied.
- **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 (SRP) property address herein named do hereby certify that I/We;

- **Have** verified that Lessee/Tenant(s) meets all SRP 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 SRP;
- **Acknowledge** that, in the event SRP determines that any and all information provided and/or forms of identification submitted are not accurate or valid, or are otherwise fraudulent or falsified, SRP has the right to commence any legal or equitable action to which is may be entitled, and will use all information submitted as proofs in any legal action or proceeding by SRP;
- **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 (Facsimiles unacceptable)** 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 Club House 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. \_\_\_\_\_