

**HEARTHSTONE AT HILLSBOROUGH COMMUNITY ASSOCIATION  
COMPLIANCE AFFIDAVIT – RESIDENT CERTIFICATION  
HOUSING FOR OLDER PERSONS ACT OF 1995**

This affidavit certifies that the undersigned has purchased the home identified below in an age-restricted community located in Hillsborough, New Jersey. Hearthstone at Hillsborough is subject to the Housing for Older Persons Act, which requires that the developer and/or Homeowners Association maintain a census of the occupants of the community (Homeowners Association) and their ages. This will further certify that each person's age is indicated below. I (we) agree to sign a census form that may be requested of me (us) from time to time by the Homeowners Association, in order to update this information. I swear that the statements made in this Affidavit are true.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
OWNER (Print)

\_\_\_\_\_  
OWNER (Print)

\_\_\_\_\_  
AGE

\_\_\_\_\_  
AGE

OTHER OCCUPANTS AND AGES: Please provide proof of age (i.e. driver's license, passport, etc.) to Management Office.

\_\_\_\_\_  
SIGNATURE                      \_\_\_\_\_  
AGE

\_\_\_\_\_  
SIGNATURE                      \_\_\_\_\_  
AGE

\_\_\_\_\_  
NAME (Print)

\_\_\_\_\_  
NAME (Print)

\_\_\_\_\_  
SIGNATURE                      \_\_\_\_\_  
AGE

\_\_\_\_\_  
SIGNATURE                      \_\_\_\_\_  
AGE

\_\_\_\_\_  
NAME (Print)

\_\_\_\_\_  
NAME (Print)

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_