



## HEATHER GLEN COMMUNITY SERVICES DISTRICT

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### Heather Glen Estates: Resident Age Verification

Dear New Homeowner(s),

Welcome to Heather Glen Estates! As part of our ongoing commitment to maintaining a 55+ community, we are required by federal regulations (24 CFR Section 100.307(d)) to periodically verify the ages of all residents living in Heather Glen Estates.

Heather Glen Estates was established in 1963 as an adult community. Our Covenants, Conditions, and Restrictions (CC&Rs), as revised in 1998, generally require that all residents be age 55 or older, with exceptions for the spouse of a person over 55 or a caregiver for a disabled person over 55.

In compliance with HUD regulations, we request that you provide the birth dates of all residents living in your home. We require a photocopy of a government-issued ID (e.g., driver's license, passport, birth certificate, immigration card, or military identification) to verify the information.

Please complete the following form and email it along with a copy of your ID to [HeatherGlenCSD@gmail.com](mailto:HeatherGlenCSD@gmail.com), or mail it to:

Heather Glen CSD  
P.O. Box 715  
Applegate, CA 95703

The information provided will be used solely for legal compliance purposes and will remain confidential.

If you have any questions, please contact us at [HeatherGlenCSD@gmail.com](mailto:HeatherGlenCSD@gmail.com) or (530) 492-0577.

Thank you for your cooperation, and welcome to the community!

Sincerely,

**Rachel Rose**

General Manager, Heather Glen Community Services District



**HEATHER GLEN COMMUNITY SERVICES DISTRICT**

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**Heather Glen Estates: Age Verification Form**

**Residence Address:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**Full Name(s) and Date(s) of Birth of All Occupants:**

\_\_\_\_\_  
\_\_\_\_\_

**Name, Phone Number, and Email Address of Each Household Member:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Will this residence be rented?** (Circle one)    YES / NO

*If YES, please include their info as occupants as well. This can be submitted later as needed.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

Thank you for providing this important information. We take access to your private information very seriously, and will uphold compliance of the HGCS D Privacy Policy and all applicable laws and regulations, including the California Privacy Rights Act (CPRA) and the California Consumer Privacy Protection Act (CCPSA).

Contact us if you need any assistance.