

HOLIDAY HEIGHTS HOMEOWNERS ASSOCIATION, INC.

96 Prince Charles Drive Toms River, NJ 08757
Phone # (732) 244-8686 FAX # (732) 244-1447

2025 HOPA (Housing for Older Persons Act) CENSUS

The Housing for Older Persons Act was signed into law on December 28, 1995, by President Clinton. The HOPA modified the statutory definition of Housing for Older Persons as housing intended and operated for occupancy by at least one (1) person fifty-five (55) years of age or older per Living Unit. The Act requires that information regarding the age of all residents must be collected and verified periodically.

Owner's signature on this form certifies under penalty of perjury this information is true, correct and complete accurate statement of the number of persons living in my home with their accurate birthdates.

Homeowner #1 Homeowner #2 (check all that apply)

Homeowner #1 Name

Primary Street Address

City

State

ZIP Code

Primary Phone #

EMAIL ADDRESS: _____

Emergency Contact #1 Phone #

(Should not be the same as the primary phone #)

Emergency Contact #2 Phone #

(Should not be the same as the primary phone #)

=====

Homeowner #2 Name

Primary Street Address

City

State

ZIP Code

Primary Phone #

EMAIL ADDRESS: _____

Emergency Contact #1 Phone #

(Should not be the same as the primary phone #)

Emergency Contact #2 Phone #

(Should not be the same as the primary phone #)

Homeowner Alternate Address: _____
(HH Street Address for Non-Owner-occupied Units or N/A)

There are _____ people living in my home, including **myself** (if Owner-occupied unit), live-in assistants/aides, other adults, etc. and each of their information is listed below:

<u>NAME</u>	<u>AGE</u>	<u>BIRTHDATE</u>	<u>Owner</u>	<u>Tenant</u>	<u>Resident</u>
Person #1 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person #2 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person #3 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person #4 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Homeowner #1 Signature

Homeowner #2 Signature

Date

