



3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463  
Phone (561) 641-8554 Fax (561) 641-9448

## IMPERIAL WILDERNESS CONDOMINIUM ASSOCIATION, INC.

### AGE VERIFICATION CERTIFICATE

The following information must be furnished by the owner or owners of each residence so that the Association may monitor the percentage of residences occupied by at least one person 55 years of age or older in order to preserve the status as a community considered "Housing For Older Persons" in accordance with the Association's Documents and the Federal Fair Housing Act. Persons under the age of eighteen (18) years of age shall not be permitted to reside within the Property.

Lot# \_\_\_\_\_ Email: \_\_\_\_\_

Property Address:

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupant(s) {Include owner(s) above if occupant(s)}

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

The undersigned certify that the above information is true and correct and that within fifteen (15) days after any changes thereof the undersigned will notify the Board of Directors of Imperial Wilderness Condominium Association, Inc. of such change in writing.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

**\*\*\*Please Provide Copy of Valid Driver's License\*\*\***

PLEASE RETURN THIS FORM TO:

**The IWCA OFFICE OR**

**Residentservices@grsmgt.com**

**GRS COMMUNITY MANAGEMENT, INC**

**3900 Woodlake Blvd, Suite 309**

**Lake Worth, FL 33463**