Faircrest 14 Maintenance Corp.
Faircrest6990@gmail.com

Census Form

6990 NW 71 Street
Tamarac, FL 33321

HOUSEING FOR OLDER PERSONS, 55 YEARS OF AGE OR OLDER AFFIDAVIT

Property Address _____

Owner's Name_____Date of Birth_____
Other Owner's Name _____ Date of Birth_____
Mailing Address _____
Phone #_____Phone #_____
Email Address_____
Emergency Contact_____ Phone # _____
Next of Kin _____ Phone # _____

Occupants of Property Address

1._____
Date of Birth
Relationship to you and each other_____
Car_____Color_____model _____license #_____

2. _____
Date of Birth
Relationship to you and each other_____
Car_____Color_____model _____license #_____

3. _____
Date of Birth
Relationship to you and each other_____
Car_____Color_____model _____license #_____

4. _____
Date of Birth
Relationship to you and each other_____
Car_____Color_____model _____license #_____

_____ _____
Signature Date

_____ _____
Signature Date

Notary Public_____