



DENSITY INCREASE PROGRAM AGREEMENT
DATE OF BIRTH VERIFICATION FORM

Project Name: \_\_\_\_\_

Unit No.: \_\_\_\_\_

Tenant Name: 1. \_\_\_\_\_

2. \_\_\_\_\_

Current Age: 1. \_\_\_\_\_ DOB \_\_\_\_\_

2. \_\_\_\_\_ DOB \_\_\_\_\_

Please attach proof of age for at least one qualifying senior tenant referenced above

I acknowledge that the City of Santa Rosa has allowed more units to be built in this project and in return required the owner to dedicate certain units to households which at least one member is 62 years of age.

By signing below, I give permission to submit proof of my age to the Housing Authority of the City of Santa Rosa for verification of the owner's compliance to this age restriction.

Tenant's Signature

Date

Tenant's Signature

Date

Manager's/Owner's Signature

Date

Any question feel free to email HousingTrust@srcity.org or call the main line 707-543-3300.



The City of Santa Rosa does not discriminate against individuals with disabilities in its employment, services, benefits, facilities, programs, or activities. Requests for accommodations, auxiliary aids, or services necessary to participate in a City program, service, or activity, including printed information in alternative formats, are available by contacting the Housing and Community Services Administrative Secretary at 707-543-3300 (TTY Relay at 711) or HousingTrust@srcity.org. Requests should be submitted as far in advance as possible.

