

**SILVER RIDGE PARK WESTERLY**  
**HOPA SURVEY 2024**

39 MILLBROOK DRIVE  
BERKELEY TOWNSHIP NJ 08757  
732.341.6153  
SRPWESTERLYHOA.ORG

HUD Title 24, Subtitle B; The Housing for Older Persons Act (HOPA) was signed into Federal law on December 28, 1995. This law is to ensure resident occupancy in planned residential retirement communities remain in the 55+ community age status. The HOPA survey's intent is to identify housing occupancy levels of at least one person 55 years of age or older per unit. Under NJ Law, HOA's are required to perform a biennial collection and verification of occupancy with age identities of all residences.

*COMPLETE, SIGN AND RETURN THIS FORM TO THE CLUBHOUSE*

**NOTE:** Homeowners must provide a HOPA form to the Silver Ridge Park Westerly Homeowners Association upon authenticity of Berkeley Township Certification of Occupancy, update change of residential occupancy and/or emergency contact information and biennial HOPA census survey.

**HOPA QUESTIONNAIRE (Check One – Please Print)**

Homeowner  Renter

Resident Names or Renter Name (s) \_\_\_\_\_

Street Address \_\_\_\_\_ Primary Contact Phone # \_\_\_\_\_

Emergency Contact Name and Emergency Contact Phone # (Should not be the same as the primary contact #)

\_\_\_\_\_

**OCCUPANCY EMAIL CONTACT:**

(E-MAIL INFORMATION TO BE USED SOLELY AT THE DISCRETION OF SRP WESTERLY HOA COMMUNICATION PURPOSES ONLY)

**\*MANDATORY INFORMATION MUST BE PROVIDED TO COMPLETE HOPA REQUIREMENTS:**

\*Total number of people living in your home \_\_\_\_\_ (Include yourself)

Include live in assistants, housekeepers, aides, etc.

Please list below name (s); age and birthdate of all individual occupants (including yourself)

NAME	BIRTHDATE	AGE
Person#1 _____	_____	_____
Person#2 _____	_____	_____
Person#3 _____	_____	_____
Person#4 _____	_____	_____

I/We certify this form to be an accurate statement of the number of occupants living in my home with their accurate birthdates. Under penalty of perjury, I/We declare that the above information is true, correct, and complete.

Homeowner/Renter Signature \_\_\_\_\_ Homeowner/Renter Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS PORTION IS AN OPTIONAL SURVEY - COMMUNITY ASSESSMENT INFORMATION**

DO YOU HAVE PETS IN HOME	YES <input type="radio"/>	NO <input type="radio"/>	DO YOU HAVE OWN TRANSPORTATION	YES <input type="radio"/>	NO <input type="radio"/>
	YES	NO		YES	NO
DO YOU HAVE ACCESS TO WI-FI	<input type="radio"/>	<input type="radio"/>	DO YOU LIVE IN YOUR HOME FULL TIME	<input type="radio"/>	<input type="radio"/>