

P. G. TWO HOMEOWNERS, INC. 55+ COMMUNITY BIENNIAL CENSUS REGISTRATION FORM

1650 NW 68th Avenue, Margate, FL 33063

Florida 55+ Housing – HUD / HOPA COMPLIANCE RECORD

Florida Statute §760.29 and Federal Law 24 CFR Part 100 Subpart E require P. G. Two Homeowners, Inc. to conduct a CENSUS on all homes every two years to maintain our 55+ community status. Failure to comply by the due date OR providing false or misleading information carries a **\$500.00 FINE – NO EXCEPTIONS. ** ALL INFORMATION IS KEPT STRICTLY CONFIDENTIAL AND USED SOLEY FOR HOPA COMPLIANCE PURPOSES ****

CENSUS DUE DATE: July 1, 2026,

RETURN COMPLETED FORM TO HOA DROP BOX OR MAIL

Use **BLUE INK ONLY, PRINT ADDRESS CLEARLY** on envelope, including all applicable documents.

SECTION 1 – PROPERTY & OWNER INFORMATION

Owner/Tenant Address: _____ Owner/Tenant Name: _____

Owner Mailing Address (if different than above): _____

Phone: _____ Email address: _____ Date of Purchase: _____

Emergency Contact information: _____

[] I authorize P.G. 2 Homeowners, Inc. to use my phone and email as official methods of HOA notifications and correspondence.

P.G.2 Acct /File _____ Is this property a Rental [] Yes [] No Lease on HOA file [] Yes [] No

City of Margate Rental Permit _____ (Tenant must contact owner to complete this section ,then complete 3-8)

Occupancy Type: [] Owner-Occupied (full time) [] Owner- part-time / [] Snowbird [] Tenant [] Seasonal

SECTION 2 – RESIDENTS & OCCUPANTS

ALL RESIDENTS MUST BE 18 YEARS OF AGE OR OLDER. AT LEAST 1 RESIDENT PER UNIT MUST BE AGE 55+ (HOPA) LIST ALL PERSONS
FT -full time PT- part time (more than 30 days>60 days)

Full Name	Relationship	Date of Birth	55+ / 18+	Status
1 _____	_____	_____	[] / []	[] Full time [] Part time
2 _____	_____	_____	[] / []	[] Full time [] Part time
3 _____	_____	_____	[] / []	[] Full time [] Part time
4 _____	_____	_____	[] / []	[] Full time [] Part time

SECTION 3 – TENANT (COMPLETE ONLY IF RENTAL)

ALL RESIDENTS MUST BE 18 YEARS OF AGE OR OLDER. AT LEAST 1 RESIDENT PER UNIT MUST BE AGE 55+ (HOPA) LIST ALL PERSONS
FT -full time PT- part time (more than 30 days>60 days)

Lease type: [] month- to- month [] 6-month [] Annual [] Seasonal Monthly Rent (optional) _____

Lease Start date: _____ Lease End date: _____ Email _____

Full Name	Relationship	Date of Birth	55+ / 18+	Status
1 _____	_____	_____	[] / []	[] Full time [] Part time
2 _____	_____	_____	[] / []	[] Full time [] Part time
3 _____	_____	_____	[] / []	[] Full time [] Part time
4 _____	_____	_____	[] / []	[] Full time [] Part time

SECTION 4 – VEHICLE INFORMATION (All VEHICLES ON COMMUNITY PROPERTY MUST BE REGISTERED)

All vehicles must be operational and roadworthy. Inoperable, abandoned, or unregistered vehicles prohibited (FL Statute §720).

Vehicle # 1 Type : [] Car [] SUV [] Van [] Truck [] Motorcycle [] Other

Year Make Model Color FI Tag # License Plate # Roadworthy
_____ _____ _____ _____ _____ _____ [] Yes [] No

Vehicle # 2 Type : [] Car [] SUV [] Van [] Truck [] Motorcycle [] Other

Year Make Model Color FI Tag # License Plate # Roadworthy
_____ _____ _____ _____ _____ _____ [] Yes [] No

Vehicle # 3 Type : [] Car [] SUV [] Van [] Truck [] Motorcycle [] Other

Year Make Model Color FI Tag # License Plate # Roadworthy
_____ _____ _____ _____ _____ _____ [] Yes [] No

Additional Vehicle/s : # _____

SECTION 5 – PET INFORMATION (INCULDED CURRENT VACCINATION RECORD/S)

Dogs and Cats must be licensed, vaccinated, and leashed in all communal areas per FL Statute §720 and HOA Rules and Regulations.

Pet 1 Name: _____ Breed: _____ Color/Markings: _____ Wt. lbs.: _____

Species: [] Dog [] Cat [] Other License: _____ Tag # : _____

Vaccinated: [] Yes [] No Spayed/Neutered: [] Yes [] No

Pet 2 Name: _____ Breed: _____ Color/Markings: _____ Wt. lbs.: _____

Species: [] Dog [] Cat [] Other License: _____ Tag # : _____

Vaccinated: [] Yes [] No Spayed/Neutered: [] Yes [] No

SECTION 6 – AGE VERIFICATION (HOPA / HUD Required – FL Statute §760.29)

Government Photo Identification Required

55+ Resident in unit?: [] Yes [] No [] Exemption Requested – provide documentation.

Govt. Photo ID Type ID Number (last 4 digits only) Date Issued (55+ Resident)

_____ _____ _____

[] copy of government issued photo ID enclosed [] copy of pet/s vaccination records enclosed.

All documents submitted are maintained in strict confidence per applicable privacy laws. Access is restricted to authorized HOA Board only for HOPA/HUD compliance verification. Documents WILL NOT be disclosed to any third party without written consent.

SECTION 7 – CERTIFICATION & SIGNATURE

I certify that all information provided in this form is complete, accurate and true to the best of my knowledge.

[] I agree to notify the HOA office within 30 days of any changes to the information provided in this form.

Printed Name: _____ Signature: _____ Date: _____

If Primary Resident/Tenant is physically unable to sign Reason _____ Authorized Rep. Relationship _____

Authorized Representative Name: _____ Signature: _____ Date: _____