

GSMLS, L.L.C.
Housing For Older Persons
Certification of Compliance

Property: _____

Housing Facility or Community: _____

Owner(s): _____

Broker: _____

Broker has been asked to list the above Property in the Garden State Multiple Listing Service as a Housing For Older Persons property with an age restriction of (choose ONE AND ONLY ONE):

55+ or 62+ or other, specify age: ____ (must be over 55).

The undersigned hereby certifies that the designation of this Property as a Housing For Older Persons property with the specified age restriction is correct and that the above referenced Housing Facility or Community is in compliance with all applicable federal and state fair housing laws and regulations.

I hereby certify that I am (i) an authorized representative of the above identified Housing Facility or Community or (ii) the Owner(s) of the above identified Property, and that the foregoing statements made by me are true to the best of my knowledge, information and belief. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

Name (signed): _____

Name (printed): _____

Title: _____

Date: _____