



OPEN MEETING

REGULAR MEETING OF THE UNITED LAGUNA WOODS MUTUAL
GOVERNING DOCUMENTS REVIEW COMMITTEE

Thursday, June 16, 2022 – 1:30 P.M.
BOARD ROOM/VIRTUAL MEETING
Laguna Woods Village Community Center

ADDENDUM TO THE AGENDA

Please see attached document for Agenda Item 7

Items for Discussion and Consideration:

7. HDEP Occupancy Application

Pamela Bashline

DISABLED CHILD/GRANDCHILD HEALTH CERTIFICATION Laguna Woods, California		MUTUAL	<input type="checkbox"/> UNITED <input type="checkbox"/> THIRD <input type="checkbox"/> FIFTY	MANOR ADDRESS
RESIDENT'S NAME		TELEPHONE NO.		RESIDENT'S RELATIONSHIP TO CHILD <input type="checkbox"/> PARENT <input type="checkbox"/> GRANDPARENT
DISABLED CHILD'S NAME		BIRTHDATE		DISABLED CHILD'S SOCIAL SECURITY #

APPLICANT ___ HAS / ___ HAS NOT BEEN CONVICTED OF A FELONY IN THE LAST 10 YEARS OR A MISDEMENOR INVOLVING MORAL TURPITUDE WITHIN THE LAST 7 YEARS

PHYSICIAN'S CERTIFICATION

AS THE PHYSICIAN FOR THE ABOVE-NAMED DISABLED CHILD, YOU ARE REQUESTED TO PROVIDE INFORMATION RELATED TO THE PHYSICAL AND/OR MENTAL HEALTH OF THE CHILD. THIS INFORMATION WILL BE CONSIDERED BY THE HOMEOWNERS' ASSOCIATION BOARD OF DIRECTORS IN DETERMINING WHETHER THE CHILD SHOULD BE PERMITTED TO RESIDE IN THIS SENIOR CITIZENS' COMMUNITY. YOUR CAREFUL EXPLANATION OF THE CHILD'S CONDITION, REQUIREMENTS FOR CARE, AND POTENTIAL FOR DISRUPTIVE OR DANGEROUS BEHAVIOR (TO THE CHILD OR OTHERS) IS CRITICAL TO THIS DETERMINATION.

PLEASE EXPLAIN THE NATURE OF THE CHILD'S PHYSICAL OR MENTAL IMPAIRMENT OR DISABILITY.

EXPLAIN THE TYPES OF CARE THAT THE CHILD WILL RECEIVE FROM THE PARENTS (E.G., BEING DRIVEN, BATHING, FEEDING, MEDICATION, ETC.) **PLEASE BE SPECIFIC.**

INDICATE FREQUENCY OF REQUIRED CARE:

<input type="checkbox"/> DAILY	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> OTHER (PLEASE SPECIFY)
<input type="checkbox"/> SEVERAL TIMES DAILY	<input type="checkbox"/> MONTHLY	

IS IMPAIRMENT OR DISABILITY PERMANENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, HOW LONG WILL IT LAST?	IS CHILD CAPABLE OF LIVING INDEPENDENTLY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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IS IT PROBABLE THAT THE CHILD'S BEHAVIOR WILL BE VIOLENT, DISRUPTIVE OR THREATENING TO THE CHILD HIMSELF OR HERSELF, TO NEIGHBORS, OTHER RESIDENTS, OR STAFF? YES NO

IF YES, INDICATE LEVEL OF PROBABILITY HIGH MEDIUM LOW

DATE	PHYSICIAN'S NAME (PRINT)			
TELEPHONE NO.	PHYSICIAN'S ADDRESS	CITY	STATE	ZIP
PHYSICIAN'S LICENSE NO.	PHYSICIAN'S SIGNATURE			

ACKNOWLEDGEMENT BY PARENT OR GRANDPARENT

I HAVE READ THE MUTUAL GUIDELINES AND POLICY PERTAINING TO AN OCCUPANCY REQUEST FOR MY DISABLED CHILD/GRANDCHILD ON THE REVERSE SIDE OF THIS FORM AND AGREE TO ABIDE BY THEM. I ATTEST THAT ALL THE INFORMATION PROVIDED IN THIS CERTIFICATION FORM IS ACCURATE AND COMPLETE.

DATE	PARENT'S / GRANDPARENT'S SIGNATURE
DATE	PARENT'S / GRANDPARENT'S SIGNATURE

ACTION BY MUTUAL BOARD OF DIRECTORS

APPLICATION DENIED	APPLICATION APPROVED
The Board of Directors of this Mutual Corporation has reviewed this application. Based on the information provided, the application is denied .	The Board of Directors of this Mutual Corporation has reviewed this application. Based on the information provided, the application is approved .
SIGNATURE	SIGNATURE
SIGNATURE	SIGNATURE
SIGNATURE	SIGNATURE

Date: _____

Date: _____

POLICY FOR CO-OCCUPANCY BY DISABLED CHILDREN/GRANDCHILDREN

It is the policy of the Golden Rain Foundation of Laguna Woods (GRF) to provide rigorous compliance with the State of California's occupancy regulations for senior citizens' communities.

California Civil Code Section 51.3 permits a disabled person or person with a disabling illness or injury who is a child or grandchild of the senior citizen to reside in an age-restricted community. All references to "child" herein shall be deemed to include the existing resident(s) or prospective buyer(s) grandchild or grandchildren, if applicable. Persons who apply for co-occupancy under §51.3 shall submit a physician certification for review by the Board of Directors.

Applicants are advised of the following:

- **The Board of Directors may deny requests for co-occupancy; therefore, prospective buyer(s) are advised to defer opening escrow until a decision is made on the application;**
- **The Board may request additional documentation in considering this application;**
- **The Mutual Member is ultimately responsible for the actions of guests, lessees, and co-occupants;**
- **Occupancy of the manor by more than two persons requires a Third Party Fee;**
- **Medical re-certification shall be required at least annually.**

By signing the acknowledgement on the reverse side of this form, parents/grandparents agree to hold harmless, the Mutual, Golden Rain Foundation and Village Management Services, Inc., Agent, and their respective directors, officers, agents and employees from any claims arising or based on the presence of or any alleged property damage or bodily injury or death caused in whole or in part or resulting from actions by the DISABLED child/grandchild.

PROCEDURE FOR REQUESTING CO-OCCUPANCY APPROVAL FOR DISABLED CHILDREN / GRANDCHILDREN

Following are the procedures for obtaining approval by the Board of Directors:

1. Prospective buyer or existing resident submits Disabled Child Health Certification form to the disabled child's physician for completion.
2. Physician completes Physician's Certification, explaining:
 - Nature/diagnosis of the physical or mental impairment;
 - Probable duration of the impairment;
 - Whether there is any probability of behavioral problems resulting or arising from the child's impairment which could be harmful to the child or threatening or disturbing to other residents of the community;
 - The specific care that the parents will provide to the disabled child.
3. Buyer or existing resident completes the acknowledgement of the terms and conditions of approval on the Certification form, and submits it to the Community Services Department for transmittal to the Board of Directors for review and approval or disapproval.
4. Within ten (10) business days from date of receipt of Certification form containing all the required information, the Board will make its determination. The Community Services Department will transmit the Board's decision to the prospective buyer. The buyer or resident may appeal the Board's decision by submitting a written request to the Board within 14 days from the date of the denial notice to the buyer or resident.
5. If the Board approves the request, prospective buyer or existing resident must complete occupancy documents required by the association.

Rev 6/16/2022



Application for Co-Occupancy Permit Check List

Please **print legibly** on your application. The information provided must be legible for digital imaging.

Both Member(s) **AND** Co-Occupant(s)

- Member/Co-Occupant **acknowledgments no rent paid or collected section** on application: print name, sign, date and member to reside?
- Copies of **driver's license** or government issued photo ID
- Aware of **3rd Party Fee** (if applicable)

Member(s) applying for Occupancy **OR** Co-Occupant(s)

- Complete** Application for Co-Occupancy Permit
- Initial** Residency Restrictions Important Information
- National Background Check** – Examples:
www.tenantbackgroundsearch.com
www.american-apartment-owners-association.org
www.rentspree.com

(Note: The above examples are not all-inclusive. This list is strictly for informational purposes. Some nationwide background checks include the credit report with FICO score.)

After the Co-Occupant is approved by the Board of Directors:

- Complete** CodeRED Emergency Notification Record **online** at www.lagunawoodsvillage.com, and look for the link at the top of the home page that says CodeRED

Application for Co-occupancy Permit

Unit address

Attach verification of valid age: Driver's license / passport / birth certificate / military ID						
1.	Last name	First name	MI	Social Security No.	Birthdate	<i>Office use only</i>
	Home phone	Mobile phone		Email		
	Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Single	If under 45 years of age, indicate if spouse/registered domestic partner or dependent child/grandchild <input type="checkbox"/>	
		<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated			

2.	Last name	First name	MI	Social Security No.	Birthdate	<i>Office use only</i>
	Home phone	Mobile phone		Email		
	Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Single	If under 45 years of age, indicate if spouse/registered domestic partner or dependent child/grandchild <input type="checkbox"/>	
		<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated			
Applicant relationship to member		Previous address		City	State	Zip
In case of emergency, notify		Relationship to applicant	Address		Telephone number	

Member/Co-occupant acknowledgements

We hereby apply for approval for the applicant to reside in the unit identified above as a nonmember occupant and affirm that the information provided herein is accurate to the best of our knowledge. We have read the terms and conditions for such occupancy on the reverse side of this application and agree to be bound by the terms therein. We have received a copy of the notice informing us of the possible existence of asbestos in certain buildings.

We swear, under penalty of perjury, that there will not be a landlord-tenant relationship between shareholder and occupant, and that no rents will be paid or collected during the duration of applicant's occupancy, unless a lease is executed through the Golden Rain Foundation (GRF) leasing office.

**** All members and occupants must initial the "no rent paid or collected" agreement _____**

1. Co-occupant name (print)	Signature	Date	
2. Co-occupant name (print)	Signature	Date	
3. Member name (print)	Signature	Date	To reside? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Member name (print)	Signature	Date	To reside? <input type="checkbox"/> Yes <input type="checkbox"/> No

Community Services Dept. use only

Floorplan _____ No. bedrooms _____ No. of persons residing if permit is approved _____

ID card fees to be collected: \$ _____ Exempt (spouse/domestic partner/ **dependent child/grandchild** status verified)

If applicant is under 55 years of age, indicate if qualifying resident has been verified. Yes No

Does the approval of this application exceed the number of persons permitted to occupy this unit? Yes No

Verified by: _____ Member's phone number _____

Action by mutual board of directors

Application denied	Application approved
The board of directors of this mutual corporation has reviewed this application. Based on the information provided, the application is denied.	The board of directors of this mutual corporation has reviewed this application. Based on the information provided, the application is approved.
Signature	Signature
Signature	Signature
Signature	Signature
Date	Date

Application for Co-occupancy Permit – Page 2

Primary rules governing occupancy

The parties to this agreement are the mutual corporation, hereinafter referred to as “the mutual”; the member, hereinafter referred to as “member,” and whose signature appears on the reverse side of this application; and the applicant(s) for occupancy, hereinafter referred to as “co-occupant,” and whose signature appears on the reverse side of this application. In consideration of their mutual undertakings, the parties hereto agree as follows:

1. Co-occupant shall be entitled to occupy the unit indicated on the application.
2. Co-occupant and member affirm their intent that the co-occupant will reside in this unit and that occupant is 45 years of age or older, or is the spouse or registered domestic partner of the qualifying resident **or dependent child/grandchild**.
3. Co-occupant shall be entitled to the use and enjoyment of the facilities and services provided by the Golden Rain Foundation on the same basis as members of the foundation, but will have neither ownership nor voting rights in the foundation or any mutual.
4. Member shall be responsible for the conduct and deportment of the co-occupant.
5. Co-occupant shall be subject to the same rules, regulations and restrictions that are applicable to the member, except with respect to payment of carrying charges. If co-occupant ever shall become the legal or equitable owner of the membership, co-occupant will apply for membership in the mutual in the form generally used by the mutual and will pay all amounts due pursuant to the CC&R's.
6. Member and co-occupant shall be equally responsible for payment of any charges incurred by co-occupant in respect to service provided by Golden Rain Foundation or the mutual.
7. Member agrees to pay to the mutual an additional sum each month for each occupant of the unit in excess of two, at the rate prescribed by the mutual and/or GRF.
8. Members shall be responsible for canceling the co-occupancy status and returning co-occupant's ID card and vehicle decal when co-occupant ceases to reside in the unit.
9. Any party may terminate this agreement at any time upon 30 days written notice to the other parties to this agreement.
10. In order to induce mutual to execute this agreement, the other parties agree that they have no rights against mutual as a direct or indirect result of the execution of this agreement, and in the event that there are any expenses incurred by the mutual to enforce the terms of this agreement, or to remove or take other action, or to defend any action relative to member or co-occupant, as a direct or indirect result of this agreement, member and co-occupant agree to hold the mutual harmless from and to pay all costs or expenses incurred by mutual, including, but not limited to, attorney's fees, court costs or related expenses.
11. Co-occupant(s) affirm that they have not been convicted of a felony within the past 20 years, nor a misdemeanor involving moral turpitude within the past five years.
12. Guests may stay a maximum of 60 days per year, and **only while the qualifying senior resident is in residence**.

Notice to members and applicants

Approval of this application by the mutual, in and of itself, does not confer any right on the co-occupant other than the revocable right to occupy the unit named on the reverse of this form. As indicated, both member and mutual generally have the right to terminate occupant status at any time, without cause, provided, however, that Section 51.3 of the California Civil Code may be interpreted to inhibit this right of termination in certain circumstances.



**Residency Restrictions
Important Information – Please Read Carefully**

Unit number: _____

Please note the following residency restrictions, including but not limited to:

Co-Occupant(s) Initial

Laguna Woods Village is an independent-lifestyle and age-restricted community (as defined by California Civil Code §51.3) that does not provide any form of healthcare or assisted living. Each resident is responsible for his/her own care and welfare.

Appearance of the community is important, and residents are required to keep their balconies, patios, walkways and carports free from clutter.

When moving into the community, residents are required to break down and stack moving boxes next to trash dumpsters for routine pickup. Please be advised that there are weight and volume restrictions. Call Resident Services at 949-597-4600 to arrange to have excessive moving material hauled away as a chargeable service. When moving out of the community, the seller is responsible for hauling away excessive materials/furniture.

Members are required to check with Alterations before making any internal and external alteration. Alterations are prohibited without prior review and consent. Contact Alterations at 949-597-4616 or alterations@vmsinc.org. Contractors' trash must not be put into community dumpsters.

Relatives and other guests may stay overnight for a total of 60 days in any 12-month period. Relatives and guests may not stay in a resident's home during the absence of the resident.

Board approval is required for all persons wishing to reside in the community. Contact Resident Services at 949-597-4600 before any change in residency status.

The maximum number of persons allowed to occupy a unit is equal to the number of original construction bedrooms plus one. There are additional monthly fees for more than two occupants.

Units may not be sublet for more than 12 months and not less than 30 days.

United is billed directly from the tax assessor and the shareholder/member reimburses the mutual through monthly assessments. Members of United are cautioned to prepare for property tax increases in monthly assessments.

I/We, the undersigned, have read the above and agree to comply with the rules of this Community.

Co-Occupant(s)

1 Name (Print)	Signature	Date
2 Name (Print)	Signature	Date



If We Can't Reach You, We Can't Notify You.

When seconds count, you can count on 

CodeRED is the community notification system used to call, text and/or email Laguna Woods Village Residents with time-sensitive and/or emergency information. This system is separate from the regular email information you may be receiving from the Communications Department, and requires a specific, unique enrollment.

~~Security Chief Tim Moy and the~~ Laguna Woods Village Disaster Preparedness Task Force encourage you to take a few minutes to ensure we have accurate contact information for you so you are informed in the event of an emergency or threat to the Village. Safety is a two-way street. Be sure to register today to receive the information you need, when it matters, regarding events such as:

- Critical Power Outages
- Earthquake Emergency Procedures
- Evacuation
- Gate or Road Closures
- Safety Threats
- Fire

~~After you get approval of the Application of Co-Occupancy Permit by the Board of Directors,~~ please complete the form online through the Laguna Woods Village website. Go to www.lagunawoodsvillage.com, and look for the CodeRED icon at the top left of the home page.

You can be assured that all information provided for your CodeRED notification is confidential and will only be used to contact you in the case of an emergency.



Notice

To: Employees, contractors employed by the Laguna Woods Village associations, members and prospective purchasers of dwelling units at Laguna Woods Village, Laguna Woods

From: Village Management Services Inc.

Subject: Disclosure notice: Laguna Woods Village buildings constructed with asbestos-containing construction materials

Health & Safety Code 25915.2 and 25915.5 require the mutual to provide annual notice about the existence of asbestos-containing materials (ACM) in nonresidential public buildings in the mutual to all employees and contractors performing work within said buildings, and to all members of the mutual.

In addition, the mutual is required to disclose to new owners, within 15 days of acquiring title to a unit, the existence of asbestos-containing material in nonresidential public buildings within the mutual.

Village Management Services Inc., as employer, and as agent, for the associations that own or manage the buildings at Laguna Woods Village, Laguna Woods, for their members, hereby notifies all its employees, contractors and all mutual members and transferees, that some buildings within Laguna Woods Village have been surveyed and found to contain asbestos.

The analytical method used to determine asbestos content was polarized light microscopy/dispersion staining. Since the community has an active asbestos operations and maintenance program, testing is ongoing. Because of the high cost to conduct a complete asbestos survey and analysis of all buildings, surveys are conducted only upon repair, remodel, addition to or removal of a building or part of a building suspected to contain asbestos materials, as required by labor codes. The certificates of analysis for any testing received to date are available to employees, contractors, owners and tenants and transferees for review and photocopying from the Laguna Woods Village Human Resources/Safety Office, 24351 El Toro Road, Laguna Woods, CA., between 9 a.m. and 5 p.m., Monday through Friday.

The following buildings in Laguna Woods Village, Laguna Woods, were constructed prior to 1979 and thus *may* contain asbestos in one or more construction materials: All community facilities buildings (with the exception of Clubhouse 7, the mini-gym at Clubhouse 1, the broadband services building, the Laguna Woods Village Community Center, the vehicle maintenance building, and a portion of the warehouse—all constructed after 1979), including clubhouses and outbuildings, library, maintenance warehouse building, stables, gatehouses, garden center buildings, all detached laundry buildings and residential buildings numbers 1 through 5543 inclusive.

Disclosure notice: Asbestos-containing construction materials continued on next page



Disclosure notice: Asbestos-containing construction materials continued from previous page

At the time most of the buildings in Laguna Woods Village were constructed, asbestos-containing materials met local codes as well as state and federal regulations and were extensively used in *many* building products, including but not limited to: ceiling tile, floor tile/linoleum and mastic, textured wall surfaces, sprayed acoustical ceilings, fire doors, structural fireproofing, pipe/boiler insulation, attic insulation and heating duct material/insulation.

According to the National Cancer Institute and the Environmental Protection Agency, any asbestos in these materials does not present a threat to health so long as the asbestos is not disturbed and does not become airborne.

However, because breathing asbestos has been known in some instances to cause cancer and other forms of lung disease, sanding, scraping, drilling, sawing, crushing, tearing/breaking up or otherwise disturbing asbestos-containing materials presents a potential health risk. Therefore, you are directed not to perform such tasks in areas with ACM present or suspected unless the area/materials have been tested and found not to contain asbestos or if specifically assigned or contracted to do such work and it is in accordance with all federal, state, and local laws as well as internal guidelines called for in the asbestos operations and maintenance plan and other company safety and environmental policies and procedures.

Village Management Services Inc. employees whose work orders require them to construct, repair, maintain or otherwise disturb construction materials that may contain asbestos are hereby directed to follow the current regulations and policies noted above and to wear the required protective equipment, prior to performing such work. Questions concerning instructions and equipment should be directed to the HR/Safety Supervisor at 949-597-4321.

It is illegal to place asbestos materials or debris in Laguna Woods Village trash dumpsters. Such materials must be disposed of separately in accordance with state and county regulations to avoid fines. Contact the HR/Safety Supervisor at 949-597-4321 for details.

If you become aware of any asbestos-containing material becoming damaged or otherwise disturbed, please contact Laguna Woods Village Customer Service at 949-597-4600, or the HR/Safety Supervisor at 949-597-4321.

January 1, 2016
Village Management Services Inc.