

RESIDENT APPLICATION

7041 Bent Tree Boulevard- Columbus, Ohio 43235
(614) 761-2011 – FAX (614) 761-1892

Resident name: _____

SS#: _____ Date of Birth: _____

Current Address: _____

Phone: _____

Spouse's Name: _____

SS#: _____ Date of Birth: _____

Requested apartment size: _____ Selected Apt: _____

Service Program: _____

Billing Address (if other than Claremont)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

CLAREMONT RETIREMENT VILLAGE IS A NON SMOKING FACILITY. VIOLATIONS OF THIS POLICY WILL RESULT IN A FORFEITURE OF ALL SECURITY DEPOSIT MONEYS

I UNDERSTAND THE \$200 APPLICATION FEE IS A NON-REFUNDABLE, NON-RETURNABLE FEE. THIS FEE COVERS THE COST OF PROCESSING THE APPLICATION AND THE RESIDENT SERVICES INTERVIEW. WITH APPROVAL OF THIS APPLICATION, AND THE SECURITY DEPOSIT OF \$ _____, THE SELECTED APARTMENT WILL BE HELD FOR A MAXIMUM OF 45 DAYS FROM THE DATE OF THIS APPLICATION. APARTMENT KEYS WILL BE ISSUED ONLY WHEN THE MONTHLY PRO-RATE AMOUNT IS RECEIVED.

Applicant signature

Date

Applicant signature

Date

Legal designee signature (if applicable)

Date

Claremont Retirement Village Representative signature

Date