

Thank you for your interest in Arbor House, Assisted Living Center. By completing this application, you are confirming your interest in an apartment at Arbor House. This information will be held in strictest confidence. *Please complete this form and return to Arbor House directly via email, fax or in person.* Thank you.

## **GENERAL INFORMATION**

*Name:		
Name:		
*Address:		
*City:	*State:	*Zip:
*Home #:	Cell #:	
Email:		
*Birthdate:	Age:	
Birthdate:	Age:	
CONTACT PERSON (child or closest relative)		
Name:		
Address:		
City:	State:	Zip:
Home #:	Cell #:	
Email:		
<b>RENT</b> (please check the appropriate boxes	below)	
$\square$ \$3,200/month for a one-bedroom unit (	593 sq. feet)	
☐ \$3,550/month for a two-bedroom unit (	821 sq. feet)	
☐ \$950/month for second occupant		
I have sufficient income to cover current income	ent rate plus any additional service	es Arbor House Assisted Living
☐ I understand and agree that the foregoin by completing this application there is no as party until a Lease Agreement has been sign	ssurance of tenancy. Nothing contain	