



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:

RENT (please check the appropriate boxes below)

\$3,050/month for a one-bedroom unit (593 sq. feet)

\$3,400/month for a two-bedroom unit (821 sq. feet)

\$900/month for second occupant

I have sufficient income to cover current rent rate plus any additional services Arbor House Assisted Living Center for _____ years.

I understand and agree that the foregoing application is not a contract or reservation for residence, in that by completing this application there is no assurance of tenancy. Nothing contained herein is binding on either party until a Lease Agreement has been signed by the parties involved.