

Application Form for Richfield Retirement Village
4314 West Streetsboro Road #7
Richfield, Ohio 44286

Name _____ Date _____

Address _____ Phone _____

_____ Date of Birth _____

Will the Retirement Village be your primary residence? _____

Do you drive? _____ Make _____ Model _____ Color _____

Do you want a carport? _____ Do you have a **small** pet? _____ What kind? _____

Are you capable of caring for yourself? _____

How would you describe your current health? _____

Any limitations? _____

Do you hold current church membership? _____ Where? _____

Do you have family in the community? _____

Are you interested in a: _____ 1 Bedroom _____ 2 Bedroom _____ 1st Available

Please provide 2 references: (name, relationship, address and phone)

_____	_____
_____	_____
_____	_____
_____	_____

Income Information-

Social Security _____ Pension _____ Other _____

The Richfield Retirement Village is a non-smoking facility.

An application fee of \$150.00 is required.

I acknowledge receipt of the policy and rules of residency and agree to abide by them.

Signed _____

Return to above address: Attn: Business Manager

Eff. 7/11