The Harbor Court
Independent & Assisted Living

RESPECT THE PAST. HONOR THE PRESENT. PREPARE FOR THE FUTURE.

22900 Center Ridge Road • Rocky River, Ohio 44116 • (440) 356-2282 • Fax (440) 356-2744 • Toll Free: 1-866-356-2282
www.theharborcourt.com

APPLICATION FOR RESIDENCY

Name_____ Date of Birth_____

SSN_____ Home Phone(____)_____ Cell/Other Phone(____)_____

Address:_____
Street City State Zip Code

How long at address _____ Living alone _____ or With Relatives_____

SECOND OCCUPANT INFORMATION

(If other than a spouse, a separate application must be completed)

Name_____

Date of Birth _____ Social Security Number_____

NEAREST RELATIVE

Name_____Relationship_____

Address:_____
Street City State Zip Code

Home Phone (_____)_____ Cell/Other Phone (____)_____

SUITE PREFERENCE:) RESIDENCY PREFERENCE

◊ One bedroom, one bath #_____)
◊ Two bedrooms, one bath #_____)
◊ Two bedrooms, two baths #_____)
◊ Respite Suite #_____)

Independent _____
Assisted _____
(final determination based on health assessments)

REFERENCES

Current Landlord: _____

Address:_____

Telephone Number:_____

Reason for leaving: _____

Previous Landlord: _____

Telephone Number:_____

Reason for leaving: _____

Personal Reference:_____ Relationship:_____

Address:_____

Telephone Number:_____

Personal Reference:_____ Relationship:_____

Address:_____

Telephone Number:_____

FINANCIAL INFORMATION

The following information is required so we can be assured that you have the resources to fulfill your financial obligations as a resident.

REGULAR MONTHLY INCOME:

Wages from current employment	$_____
Social Security Benefits	$_____
Pension Benefits	$_____
Dividends and interest	$_____
Other Income_____	$_____
TOTAL MONTHLY AMOUNT:	$_____

Checking Acc't No._____ Bank/Branch_____

Savings Acc't No._____ Bank/Branch_____

If you are accepted for residency, is your family or other party planning to assist you in paying the monthly fees? YES _____ NO _____

If Yes, please complete the following information:

Name_____ Relationship_____

Address:_____
Street City State Zip Code

Home Phone (_____)_____ Cell/Other Phone (____)_____

APPLICATION FEE/RESERVATION DEPOSIT

Along with this completed Application, **please enclose an application fee/reservation deposit of $250.00.** This deposit will ensure your position among prospective residents. If you become a resident, it will be applied to your security deposit. This fee will be refunded if you are unable to move into The Harbor Court for any reason.

ACKNOWLEDGMENT AND AUTHORIZATION

I/we acknowledge receipt of a copy of the Residency Criteria and Requirements and the services offered by The Harbor Court. I/we certify that the information provided in this Application is true, accurate and complete and I/we understand that falsification, misrepresentation and/or omission of any information is grounds for denial of residency. My/our signature below authorizes The Harbor Court to verify and investigate all information provided in this Application and to obtain all reports, references and pertinent information about me/us including but not limited to, credit reports, consumer reports and personal references. I/we release all parties from all liability or responsibility with respect to the information supplied. I/we understand that acceptance as a resident is contingent on this satisfactory investigation/verification of information, my/our health assessments and my/our ability to meet and maintain The Harbor Court's Residency Criteria and Requirements, at the time the applicable suite is available. **I/we understand and acknowledge that The Harbor Court is not a participant in the medical assistance program administered by the Ohio Department of Job and Family Services. Consequently, if I/we become a resident, I/we may be discharged from The Harbor Court if I/we are unable to pay for the services provided by The Harbor Court [This notice required under ORC Section 3721.19].**

_____ _____
Signature of APPLICANT Date

_____ _____
Signature of SECOND APPLICANT/SPOUSE Date