



Inspiring a Positive Life for Older Adults

Duplex Application

Fairlawn Retirement Community *Please return completed application with \$100 to: Admissions, 550 Haven Dr., Archbold, OH 43502*

For Office Use Only: DATE REC. _____ TIME _____ CHECK ENC. _____

CONTACT INFORMATION FOR HEAD OF HOUSEHOLD:

Last Name First Middle

Street City State Zip

Telephone: _____ Email: _____

Birthdate (M-D-Y) _____ Application Date: _____

LIST OTHER FAMILY MEMBERS PLANNING TO MOVE IN:

Last Name First Birthdate: _____

Last Name First Birthdate: _____

Have any of the above been convicted of a felony? Yes ___ No ___ If Yes, explain: _____

Please list Three Immediate Contacts: *(Can be children, relatives, friends, employers)*

| Name | Address | Phone or Email |
|-------|---------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

HEALTH HISTORY *(Only fill out if anticipating moving in within the next 10 years)*

List any diagnosed or chronic illnesses: _____

Please list any medications or disability aids use: _____

I understand submission of this application for participation in Fairlawn's Independent Living Program is **NOT** binding since my physical, mental, or financial situation may change prior to my ability to reside in this community. To exhibit my firm intentions and interest, I submit an application fee of One Hundred Dollar (\$100) which is non-returnable. The final approval of this application is subject to review and decision of the Fairlawn Board of Trustees. I hereby give authorization to this board to review and discuss the intent of my application with my family members and references listed above.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Preference 1: Number of Bathrooms: 1 1.5 2 Garage Spaces: 1 1.5 2 Sun Room: Yes or No
Preference 2: Number of Bathrooms: 1 1.5 2 Garage Spaces: 1 1.5 2 Sun Room: Yes or No