

Fairlawn Retirement Community
Wyse Commons/Haven Apartment Application

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	
<hr/>			
Street	City	State	Zip
<hr/>			
Telephone	Email		
<hr/>			
Birthdate (M-D-Y)	Application Date:		
<hr/>			

LIST OTHER FAMILY MEMBERS PLANNING TO MOVE IN:

Last Name	First	Birthdate:
<hr/>		

Last Name	First	Birthdate:
<hr/>		

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
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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 used: _____

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 Dollars (\$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 _____