



RESIDENT APPLICATION

7041 Bent Tree Boulevard
Columbus, Ohio 43235
(614) 761-2011 FAX (614) 761-1892

Resident's Name: _____

SS#: _____ Date of Birth: _____

Address: _____ Phone: _____

Spouse's Name: _____

SS#: _____ Date of Birth: _____

Requested Size: _____ Selected Apt: _____

Service Program: _____

Billing Address (If other than Claremont)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

CLAREMONT RETIREMENT VILLAGE IS A NON SMOKING FACILITY, VIOLATIONS OF THIS POLICY WILL RESULT IN A FORFEITURE OF ALL SECURITY DEPOSIT MONEYS

I UNDERSTAND THE \$500 APPLICATION FEE IS A NON-REFUNDABLE, NON-RETURNABLE FEE. THE FEE COVERS THE COST OF PROCESSING THE APPLICATION AND THE RESIDENT SERVICES INTERVIEW. THE SELECTED APARTMENT WILL BE HELD FOR A MAXIMUM OF 30 DAYS FROM THE DATE OF THIS APPLICATION. \$300 OF THE \$500 APPLICATION FEE WILL BE PUT TOWARDS YOUR SECURITY DEPOSIT OF \$_____. APPARTMENT KEYS WILL BE ISSUED ONLY WHEN ALL FEES ARE PAID IN FULL.

Applicant(s) Signature(s) _____ Date _____

Legal Designee's Signature(s) _____ Date _____

CRV Representative _____ Date _____