

RENTAL APPLICATION

Hiawassee Park Senior Living Community

A separate application is required for each tenant. All blanks must be filled in.

Date: _____ Current Phone Number: _____

Name: _____
Last Mr./Mrs./Miss/Ms. First Middle

Address: _____
Number Street

City State Zip Code

Email Address: _____

Date of Birth: _____ Place of Birth: _____

Marital Status: Single Married Widow Widower

Former profession or business before retirement: _____

Social Security Number: _____ Driver's License No. & State: _____

List the names, addresses & phone numbers of three (3) relatives or close friends:

	<u>Name</u>	<u>Address</u>	<u>Phone No.</u>	<u>Relationship</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

What are your hobbies or interests? _____

Religious Preference: _____ Church: _____

Do you have any pets? Yes No Description: _____

Apartment Size Desired: Studio One-Bedroom Two-Bedroom

How did you learn about Hiawassee Park? _____

Vehicle Information (If Applicable)

Make: _____ Model: _____ Color: _____ Tag No. _____

Make: _____ Model: _____ Color: _____ Tag No. _____

Have you ever been convicted of a felony? Yes No Explain: _____

Have you ever been delinquent in rent or other financial obligation? _____

Have you ever been a defendant in an eviction lawsuit? _____

I agree to not smoke or allow anyone to smoke in my apartment or in the inside common areas. _____ (Initial)

The information of this application is true and correct to the best of my knowledge. I hereby authorize Hiawassee Park Senior Living Community or their agents to verify the above information and to obtain a consumer credit report and/or criminal background report.

Applicant Signature: _____ Date: _____

STATEMENT OF PHYSICAL FITNESS

Do you have any physical limitations which might hinder you in independent living at Hiawassee Park? _____

Physician's Name: _____ Phone: _____

Address: _____

Hospital Preference: _____

A **physician's statement** will be required prior to your moving into Hiawassee Park. The statement needs to be on the physician's letterhead and can be mailed or faxed to us. The physician's statement will certify to:

1. Your physical and mental health;
2. Your being free of any communicable diseases; and
3. Your ability to handle the necessary duties required in an apartment.

BOARD OF TRUSTEES STATEMENT

The Board of Trustees, through designated officials, reserves the right:

- To accept or reject any application for admission
- To request a resident to vacate his/her apartment for any cause which, in the judgment of the Executive Director, is detrimental to the welfare of the Hiawassee Park Senior Living community
- To make changes in the house regulations as needed according to the best judgment of the Board of Trustees and responsible officials
- To raise the rent for apartments upon increased operating costs

When a resident wishes to vacate his or her apartment, a thirty (30) day notice is required. Should the Executive Director feel that a resident needs to vacate his or her apartment, a sixty (60) day notice will be given.

BOARD OF TRUSTEES STATEMENT

I agree that if I become a resident of Hiawassee Park Senior Living Community, I will, at all times, faithfully observe and be governed by all the rules and code of living of the apartments, in existence or thereafter adopted, and will refrain from such acts or statements as may cause contention or trouble among the residents or employees of Hiawassee Park Senior Living Community. I agree to maintain current sponsor information. Failure to do so could result in my being asked to move.

Applicant Signature: _____

SPONSOR STATEMENT

I guarantee that I will assume full responsibility and will take appropriate action for the health and care of the above-signed applicant in the event of physical or mental disability and in case of death while he or she is a resident of Hiawassee Park Senior Living Community. The Executive Director's decision as to the ability and adequacy of Hiawassee Park Senior Living Community to house a resident will be final.

Sponsor Signature: _____

Print Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Executive Director Signature: _____ Date: _____