

Fairlawn Retirement Community  
**Condo & Cottage Application**

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

<b>For Office Use Only:</b>	DATE REC. _____	TIME _____	CHECK ENC. _____
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**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 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 \_\_\_\_\_