



APPLICATION FOR ADMISSION

Date Received _____ 20____

27100 Cedar Road • Beachwood, Ohio 44122 • (216) 831-6500

The undersigned hereby applies for admission as a tenant of the Menorah Park Campus, and agrees, if admitted, to comply with all the rules, regulations and by-laws of the Menorah Park Campus now in force, and such as may hereafter be adopted by its authorities.

No person will be denied admission on the basis of race, color, sex, disability, familial status, religion or national origin.

Applicant's Name _____

<p>This is a universal application for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> R.H Myers Apartments Independent Living <input type="checkbox"/> Wiggins Place Assisted Living <input type="checkbox"/> Stone Gardens Assisted Living <input type="checkbox"/> Helen's Place Memory Care Assisted Living <input type="checkbox"/> Menorah Park Nursing Home 	<p>Please check all programs that apply and return with one-time \$50 application fee (not required for Menorah Park nursing home or subsidized housing) to:</p> <p style="margin-left: 40px;">Menorah Park 27100 Cedar Road Beachwood, OH 44122 Attention: Residential Application</p> <p>A health assessment is required prior to admission or placement on a waiting list.</p>
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I am applying for the following apartment size(s):

R.H. Myers Apartments Independent Living

<input type="checkbox"/> 1 Bedroom Standard	<input type="checkbox"/> 1 Bedroom Deluxe	<input type="checkbox"/> 2 Bedroom Standard
<input type="checkbox"/> 2 Bedroom Deluxe	<input type="checkbox"/> 2 Bedroom 2 Bath Standard	<input type="checkbox"/> 2 Bedroom 2 Bath Deluxe

Wiggins Place Assisted Living

<input type="checkbox"/> 1 Bedroom Standard	<input type="checkbox"/> 1 Bedroom Deluxe	<input type="checkbox"/> 1 Bedroom Deluxe w/Den
<input type="checkbox"/> 2 Bedroom Standard	<input type="checkbox"/> 2 Bedroom Deluxe	<input type="checkbox"/> 2 Bedroom Deluxe w/Den
<input type="checkbox"/> Luxury 2 Bedroom Deluxe w/Den		

Stone Gardens Assisted Living

<input type="checkbox"/> Studio	<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> 1 Bedroom Deluxe
<input type="checkbox"/> 2 Bedroom 2 Bath		

Helen's Place Memory Care Assisted Living

<input type="checkbox"/> Studio Apartment	<input type="checkbox"/> Deluxe Studio Apartment	<input type="checkbox"/> 1 Bedroom
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Menorah Park Nursing Home

<input type="checkbox"/> Standard Room	<input type="checkbox"/> Suite
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Application fee (\$50.00) enclosed Check # _____ (not required for Menorah Park nursing home)

PERSONAL INFORMATION

Applicant's Name			
Address		City, State	Zip
Telephone Number (home and/or cell)		Date of Birth	Age
(H)	(C)		
Present Housing (apartment, private home, condo, etc.) <input type="checkbox"/> Apt. <input type="checkbox"/> Private Home <input type="checkbox"/> Condo <input type="checkbox"/> Other		Place of Worship/Religious Affiliation	<input type="checkbox"/> Holocaust survivor
E-mail Address			
I am: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Full-time/Part-time student			

MARITAL STATUS

Applying as couple <input type="checkbox"/> Yes <input type="checkbox"/> No			
Spouse's Name		Current Resident of <input type="checkbox"/> The R.H. Myers Apartments <input type="checkbox"/> Menorah Park <input type="checkbox"/> Wiggins Place <input type="checkbox"/> Stone Gardens <input type="checkbox"/> Helen's Place	
Spouse's Address		City, State	Zip
Spouse's Telephone Number		Date of Birth	Age

FAMILY INFORMATION Names, addresses and occupations of children and other interested relatives and friends.

1.	Name	Relationship	Spouse's Name	
Address (include City, State, and Zip)		Home Phone	Work Phone	Cell Phone
Occupation and Employer		Spouse's Occupation and Employer		
E-mail Address		Spouse's E-mail Address		
2.	Name	Relationship	Spouse's Name	
Address (include City, State, and Zip)		Home Phone	Work Phone	Cell Phone
Occupation and Employer		Spouse's Occupation and Employer		
E-mail Address		Spouse's E-mail Address		
3.	Name	Relationship	Spouse's Name	
Address (include City, State, and Zip)		Home Phone	Work Phone	Cell Phone
Occupation and Employer		Spouse's Occupation and Employer		
E-mail Address		Spouse's E-mail Address		

FINANCIAL INFORMATION

(Must be completed in its entirety. Use a separate sheet if more space is needed to answer any question.)

MONTHLY INCOME			
Social Security per month	SSI per month		
Pension Income	Pension Name		
Income from Savings	Bank		
Income from Savings	Bank		
Other Income	Source		
Other Income	Source		
REAL PROPERTY			
Location and Description	Yearly Income	Value	Mortgage
Location and Description	Yearly Income	Value	Mortgage
If no property owned presently, give location and description of last property owned	Year Sold	Sale Price	Mortgage Paid
PERSONAL PROPERTY AND FINANCIAL ASSETS			
Cash on Hand	Government Bonds	Other Securities	
Notes or Mortgages	Held By	Address	
Bank Account Type	Balance	Bank	City
Bank Account Type	Balance	Bank	City
Bank Account Type	Balance	Bank	City
Bank Account Type	Balance	Bank	City
Individual Retirement Accounts	Balance	Bank	City
Other Property of Assets (Specify type, value and location)			

FINANCIAL INFORMATION *(continued)*

(Must be completed in its entirety. Use a separate sheet if more space is needed to answer any question.)

LIFE INSURANCE

Insurance Company	Type	Beneficiary	Surrender Value	Face Amount	Premiums Paid By	Loans on Policy
Insurance Company	Type	Beneficiary	Surrender Value	Face Amount	Premiums Paid By	Loans on Policy

GIFTS AND TRANSFERS

I have made the following gifts or transfers of real or personal property within 36 months prior to making this application, (including all gifts to family members.)

TRUSTS

I have established the following trusts within the last five years.

INSURANCE INFORMATION

Social Security #	Medicaid #	Medicare #
Primary Insurance #	Secondary Insurance #	

CERTIFICATION

I represent that each and every statement above set forth, including any accompanying tax returns, is true and that I have not withheld any information requested herein, and also represent that I have not transferred any property in trust for myself, nor given away any property other than stated in "gifts and transfers" and that I have read this application or had it read to me and that it has been fully explained to me.

Signature of Applicant

Witness

If Applicant's Signature is by Mark, Second Witness

Are you or any member of your household subject to a State Lifetime Sex Offender Registration in any State? Yes No
 (Failure to respond may jeopardize the approval of the application and information will be verified with the Dru Sjodin National Offender Database – an online searchable database hosted by the Department of Justice – or the Ohio Attorney General's Office).

List all states where you have resided _____

If you were 62 or older as of January 31, 2010 and do not have a social security number, were you receiving HUD rental assistance at another location on January 31, 2010? Yes No

TTY NUMBER 711-750-0750
 OR 800-750-0750. IF YOU HAVE A
 LIMITED UNDERSTANDING OF THE ENGLISH
 LANGUAGE YOU ARE ENTITLED TO HAVE
 SOMEONE TO SPEAK ON YOUR BEHALF.

