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The R.H. Myers Apartments

27200 Cedar Road
 Beachwood, Ohio 44122
 Phone: (216) 831-6515
 Fax: (216) 831-3966

Date Issued _____ 20____
 Date Received _____ 20____

APPLICATION FOR ADMISSION

Mission Statement

The R.H. Myers' vision is to enable each individual it serves to realize the highest level of fulfillment in an atmosphere of respect, dignity and caring.

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

I am applying for a: SM 1 Bedroom LG 1 Bedroom SM 2 Bedroom LG 2 Bedroom

Application fee enclosed? Referred by: _____

PERSONAL INFORMATION

Applicant's Name		Date of Birth	Age
Address		City, State	Zip
Present Housing (apartment, private home, condo, etc.)	I have lived in Cleveland since:	Place of Birth	Telephone Number
I am: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		Spouse's Name	
Social Security Number	Medicare Number	Medicaid Number	

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	Spouse's Work Phone
Occupation and Employer		Spouse's Occupation and Employer		
2. Name		Relationship	Spouse's Name	
Address (Include City, State and Zip)		Home Phone	Work Phone	Spouse's Work Phone
Occupation and Employer		Spouse's Occupation and Employer		
3. Name		Relationship	Spouse's Name	
Address (Include City, State and Zip)		Home Phone	Work Phone	Spouse's Work Phone
Occupation and Employer		Spouse's Occupation and Employer		
4. Name		Relationship	Spouse's Name	
Address (Include City, State and Zip)		Home Phone	Work Phone	Spouse's Work Phone
Occupation and Employer		Spouse's Occupation and Employer		

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	Veterans Benefits per month	Veterans Admin. Claim Number
Pension Income	Pension Name	Pension Claim Number	Pension Address	
Income from Savings	Bank	Bank Address		
Income from Savings	Bank	Bank Address		
Other Income	Source	Address		
Other Income	Source	Address		

REAL PROPERTY

Location and Description	Yearly Income	Value	Mortgage
Location and Description	Yearly Income	Value	Mortgage

PERSONAL PROPERTY AND FINANCIAL ASSETS

Cash on Hand	Government Bonds	Other Securities		
Notes or Mortgages	Held By	Address		
Bank Account Type	Balance	Bank	City	Account Number
Bank Account Type	Balance	Bank	City	Account Number
Bank Account Type	Balance	Bank	City	Account Number
Certificates of Deposit	Balance	Bank	City	Account Number
Individual Retirement Accounts	Balance	Bank	City	Account Number

Other property or Assets (specify type, value and location)

In order to process this application, you must provide a copy of each of the following that applies:

- | | |
|---|--|
| <input type="checkbox"/> Tax Return (Last Year Filed) | <input type="checkbox"/> Living Will |
| <input type="checkbox"/> Bank Statements | <input type="checkbox"/> Durable Power of Attorney for Health Care |

Applicant's Tax Returns

Please attach hereto, as part of this application, the following tax return, in the name of the applicant, for the year preceding date of application. If return is not available, please provide the most recent bank statement:

- Federal Income Tax Return (1 year)

Please note below if the above return was not filed on behalf of the applicant:

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

For office use only:

Above application and all necessary signatures are complete and application is approved for further processing.

Date

Social Worker

Fee