



207 Ottawa Street - Johnstown, PA 15904      814-266-8621

**Independent Living Resident Application**

Application Date: \_\_\_\_\_  
Anticipated Move Time-Frame: (*ie Spring 2024*) \_\_\_\_\_

**APPLICANT INFORMATION (All fields required)**

Applicant #1                                  Applicant #2 if applicable

Name of Applicant:	_____	_____
Current Address:	_____	_____
Town, State, Zip:	_____	_____
Home Phone:	_____	_____
Cell Phone:	_____	_____
Email:	_____	_____
Date of Birth:	_____	_____
Social Security #:	_____	_____
Veteran/Branch:	_____	_____

Marital Status:    Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

Real Estate Owned \_\_\_\_\_  
Type & Location \_\_\_\_\_  
Appraised Value \_\_\_\_\_

**INDEPENDENT LIVING OPTIONS**

*(Please check any that you are interested in)*

\_\_\_\_\_ Patio Home    \_\_\_\_\_ Single Cottage    \_\_\_\_\_ Townhouse    \_\_\_\_\_ Parker Ridge

Current Insurance Provider: \_\_\_\_\_

Current Primary Physician: \_\_\_\_\_

**Do you have a pet?**                                  Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, please list breed and size                                  \_\_\_\_\_

*Pets must be leashed when outside and yard kept clear of pet waste. Pets are expected to be licensed and current on shots.*

**We are a smoke-free campus.**

**I understand that Arbutus Park Retirement Community retains the right to accept or reject any application consistent with the law. I certify that all of the information submitted on this application is true and correct, and I understand the submission of false information may constitute grounds for rejection of this application or my discharge after admission. I understand that APRC will run a background check.**

Date \_\_\_\_\_                                  Signature \_\_\_\_\_

**Please return completed application to:**  
*Community Affairs, Arbutus Park Retirement Community, 207 Ottawa St., Johnstown, PA 15904*