Orchard Hill Senior Living

Home for the Aged
Residency Application

INSTRUCTIONS & INTRODUCTORY INFORMATION

Please answer each question truthfully and completely. Incomplete or inaccurate answers to questions may delay the processing of the application, and untruthful answers may result in a denial of the application.

The information provided will be reviewed by CFS Senior Holdings d/b/a Orchard Hill Senior Living ("Orchard Hill") and is subject to independent verification by third parties. Orchard Hill will take reasonable steps to ensure the confidentiality of the information provided, however, it cannot guarantee that the information will be kept confidential.

If a decision is made to accept you as a resident of Orchard Hill, then you will need to sign various documents, including a residency agreement.

Submit Completed Application to:

Director of Sales at Orchard Hill
sales@orchardhillbloomfield.com
2080 S Telegraph Rd, Bloomfield Hills, MI 48302

Orchard Hill does not discriminate on the basis of race, color, religion, sex, handicap, familial status, sexual preference, marital status, source of payment, refusal to execute an advance directive, or national origin.

IDENTIFICATION OF POTENTIAL RESIDENTS

Name		
Drivers License	*State:*	*No:*
Address		
Telephone		
Email		

Name		
Drivers License	*State:*	*No:*
Address		
Telephone		
Email		

Criminal Background

Have any of the applicants ever been convicted of, or pled guilty or no contest to, any criminal offenses?
☐ Yes ☐ No

Is either applicant required to notify the local Sheriff's Office of a change in residence?
☐ Yes ☐ No

If you answer "yes" to either of the above questions, please provide details on a separate sheet of paper.

CERTIFICATION & SUBMISSION OF APPLICATION

I certify that all of the information provided in this Application for Residency and any attached documentation is true, complete, and accurate to the best of my knowledge. I understand that Orchard Hill will rely upon such information, and agree that any misrepresentation or material omission made by the me in connection with this application may result in the denial of the application, the future eviction of the resident, or possible legal action against me.

If my application for residency is accepted, then I agree to sign a residency agreement and all other documents required by Orchard Hill to complete the residency process, and to pay all amounts due in full, within thirty (30) days of being notified of the approval of my application.

PROSPECTIVE RESIDENT

_____
Signature

_____
Print Name

_____
Date

PROSPECTIVE RESIDENT

_____
Signature

_____
Print Name

_____
Date

If this application is not being completed by the prospective resident, then the person completing the application should sign below.

REPRESENTATIVE

_____
Signature

_____
Print Name

_____
Relationship to Prospective Resident(s)

_____
Date