



## *Francesca Residence*

*39 N. Portage Path*

*Akron, Ohio 44303*

Please accept my application for residence in Francesca Residence 39 North Portage Path, Akron, Ohio 44303.

In consideration of the acceptance of my application and admission I shall pay my initial month's rent and thereafter shall pay the regular monthly rental by the 15th day of each month to maintain my continued residence. Also, I agree to abide by the rules and regulations to reside in Francesca Residence.

I shall furnish personal information showing my financial ability to pay, will complete a health information form and will include at least one contact for emergency purposes as further requirement for my acceptance for residency.

I acknowledge that Francesca Residence is a Senior Independent living Facility that requires residents to be able safely manage their activities of daily living without assistance, and hereby live "independently".

In the event I am unable to safely maintain my ability to care for myself independently at Francesca Residence I agree to make other living arrangements as soon as possible.

Submitted at Akron, Ohio, This \_\_\_\_\_, 202\_\_\_\_.

X \_\_\_\_\_

Resident Applicant

Accepted at Akron, Ohio, This \_\_\_\_\_, 202\_\_\_\_.