



REQUEST FOR APPLICATION

Revised 8/21/07

Date _____

I am interested in having an apartment at Clairmont Oaks. I understand that Clairmont Oaks provides no personal housekeeping, nursing, or meal preparation services.

I understand that my completed application will be placed on the waiting list according to the date it is received in the office of Clairmont Oaks.

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____

If the application has been requested by someone other than the applicant, please list name, relationship, and telephone number.

*Fax this Form to: (404) 378-8969 or
Email this Form to: info@clairmontoaks.org or
Mail this Form to: Clairmont Oaks
441 Clairemont Avenue
Decatur, Georgia 30030*

