

**SEM Terrace, Inc.      Application for Housing**  
**5371 South Milford Rd. Milford, OH 45150 (513) 248-1140**

Dear Prospective Resident:

Thank you for your interest in our community!

SEM Terrace is a senior congregate living facility with private patios for each room. These rooms are designated for persons aged 62 or older.

If you would like to put your name on our waiting list and have information sent to you simply fill out this application and mail it to us at: SEM Terrace, 5371 S. Milford Road, Milford, OH 45150 or you may email it to us at [semterrace@semterrace.org](mailto:semterrace@semterrace.org). Please visit our website at [www.semterrace.org](http://www.semterrace.org) for more information on our facility.

APPLICANT NAME(S)

\_\_\_\_\_

CURRENT ADDRESS

\_\_\_\_\_

HOME PHONE \_\_\_\_\_ ALT. PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DATE OF BIRTH (SPOUSE) \_\_\_\_\_

DO YOU HAVE ANY PETS? ( ) YES ( ) NO IF YES, WHAT KIND \_\_\_\_\_

\_\_\_\_\_

PREVIOUS RENTAL HISTORY:

NAME AND ADDRESS OF YOUR PRESENT LANDLORD (IF APPLICABLE):

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ HOW LONG HAVE YOU LIVED AT THIS ADDRESS? \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone: Home Work Cell 2 \_\_\_\_\_

Second Emergency Contact \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone: Home Work Cell \_\_\_\_\_

Name of person with power of attorney \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone: Home Work Cell \_\_\_\_\_

Funeral Home \_\_\_\_\_

Vehicle Make Model Color License# \_\_\_\_\_

Hobbies or Special interest \_\_\_\_\_

HOW DID YOU HEAR ABOUT SEM TERRACE? \_\_\_\_\_

\_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_