

GOLDEN VIEW ACRES



Golden View Acres is an independent living senior citizen retirement complex located on Greensfelder Lane, off Thornview Drive. Golden View Acres has both first and second floor, one and two bedroom apartments. **This is a "No Smoking" facility.** Each apartment has an equipped kitchen with stove and refrigerator, gas heat, hot water and air conditioning. Tenants pay their own utilities, except water. There is a full time maintenance man on staff. There are coin operated laundry facilities in each of the three buildings.

In order to be eligible for tenancy, the primary tenant must be at least 57 years of age and a **current** Sharonville resident for at least one year; or be a parent, grandparent, brother or sister of a **current** Sharonville resident who has resided in the City for one year.

To be placed on the waiting list to rent an apartment, written application must be made, along with a \$50 deposit for each list you want to be on. This fee is refundable when you rent an apartment or request in writing, to have your name removed from the waiting list.

The rent, as of Jan 1, 2025 is as follows:

1 bedroom 1st floor	\$690.00
1 bedroom 2nd floor	\$630.00
2 bedroom 1st floor	\$725.00
2 bedroom 2nd floor	\$665.00

For additional information, contact the Public Works Department at (513) 563-1177 between 8:30 a.m. and 5:00 p.m.

GOLDEN VIEW ACRES – Application for Waiting List

FIRST NAME _____ MIDDLE _____ LAST _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ EMAIL (or alt. phone#) _____

D.O.B. _____ AGE _____ MARITAL STATUS _____
Month / Day / Year

Are you currently living in Sharonville? YES NO For how long? _____

****If you are not a resident, state the relationship between you and the relative that allows you to qualify for tenancy.**

RELATIVE'S NAME _____ RELATIONSHIP _____

ADDRESS _____ LENGTH OF RESIDENCY _____ YRS.

Is someone legally empowered to act on your behalf? YES NO

NAME _____ PHONE # _____

ADDRESS _____
Street Address State Zip

APARTMENT TYPE REQUESTED

One Bedroom – First Floor One Bedroom – Second Floor
Two Bedroom – First Floor Two Bedroom – Second Floor

EMERGENCY CONTACT:

NAME _____ PHONE # _____

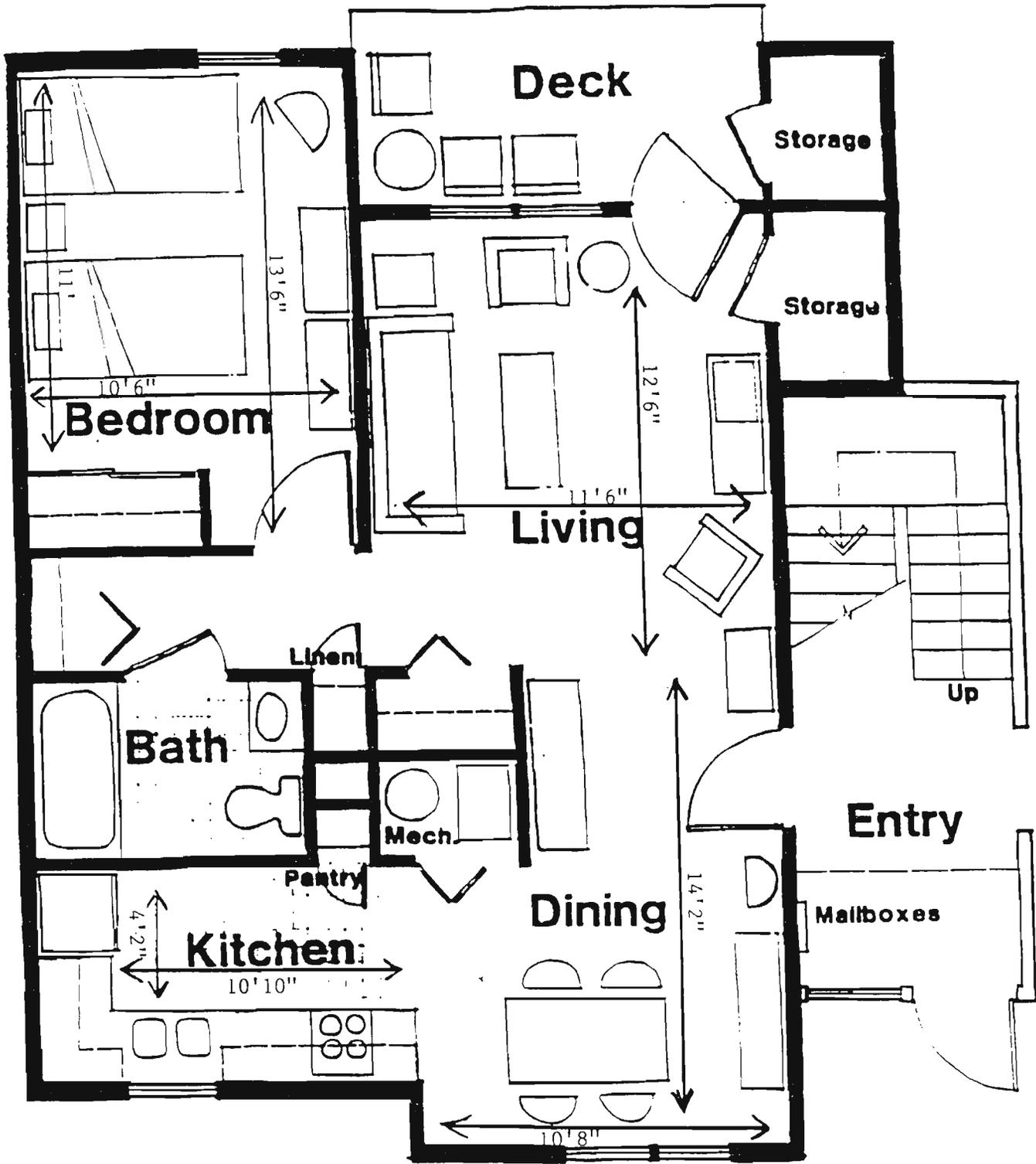
ADDRESS _____
Street Address State Zip

I certify that the information furnished above by me is true and correct.

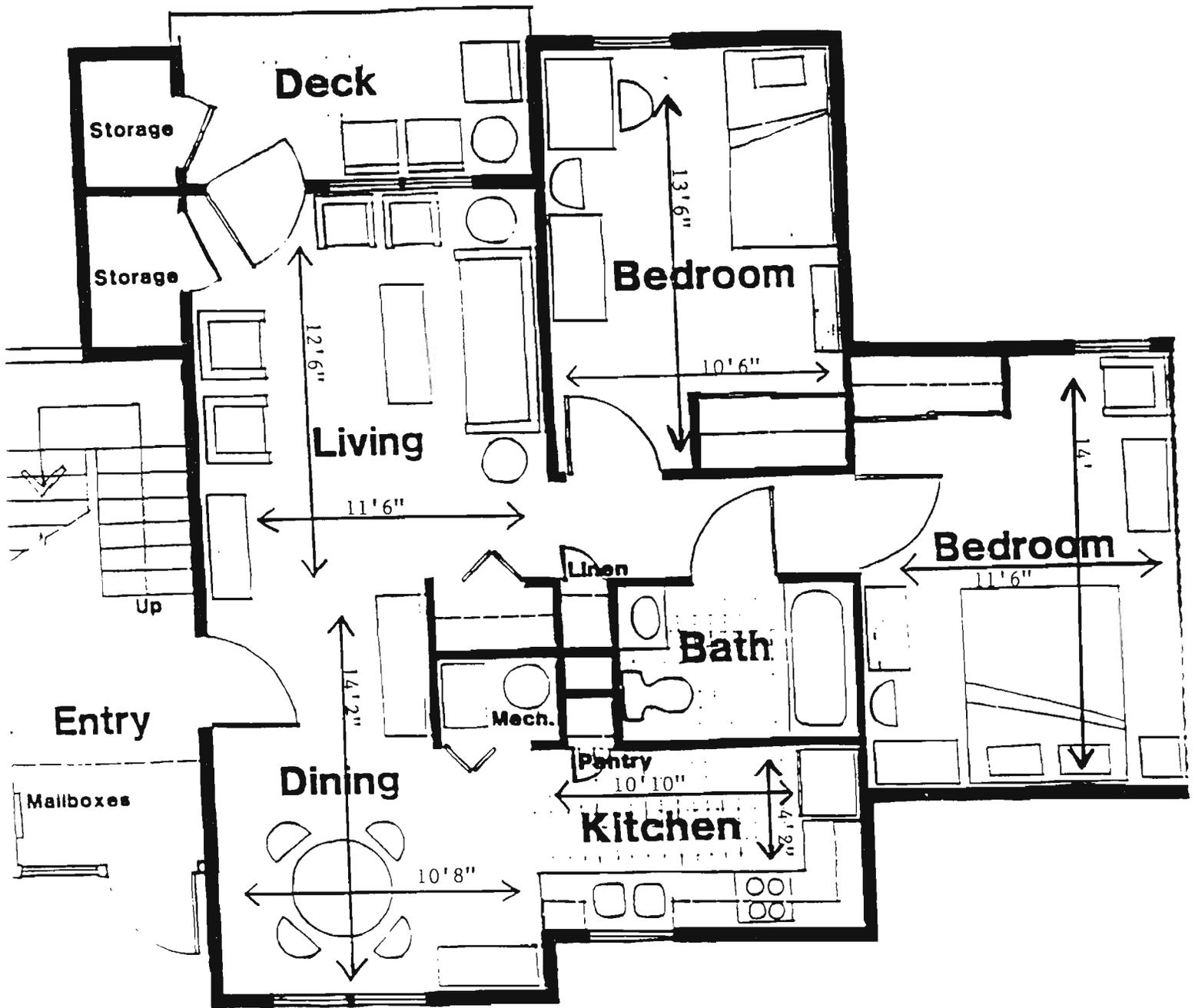
Signature of Applicant _____ Date _____

BELOW IS FOR OFFICE USE ONLY

Deposit Amt. _____ Receipt / Check # _____ Date _____



1 BEDROOM UNIT - 630 sq. ft.



2 BEDROOM UNIT - 787 sq. ft.