

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.

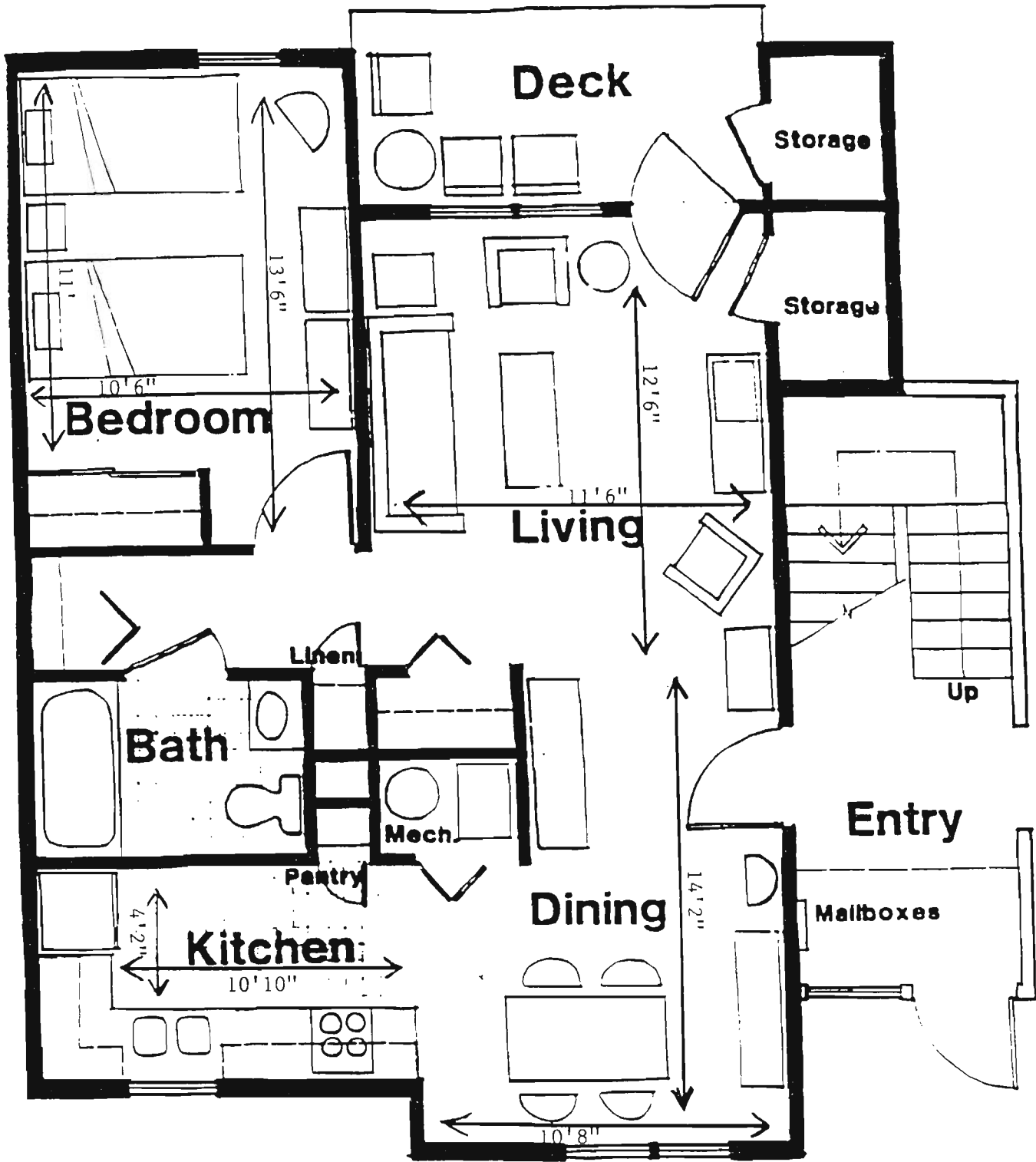
In order to be eligible for tenancy, the primary tenant must be at least 57 years of age and a **current** Sharonville resident for at least one year; or be a parent, grandparent, brother or sister of a **current** Sharonville resident who has resided in the City for one year.

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.

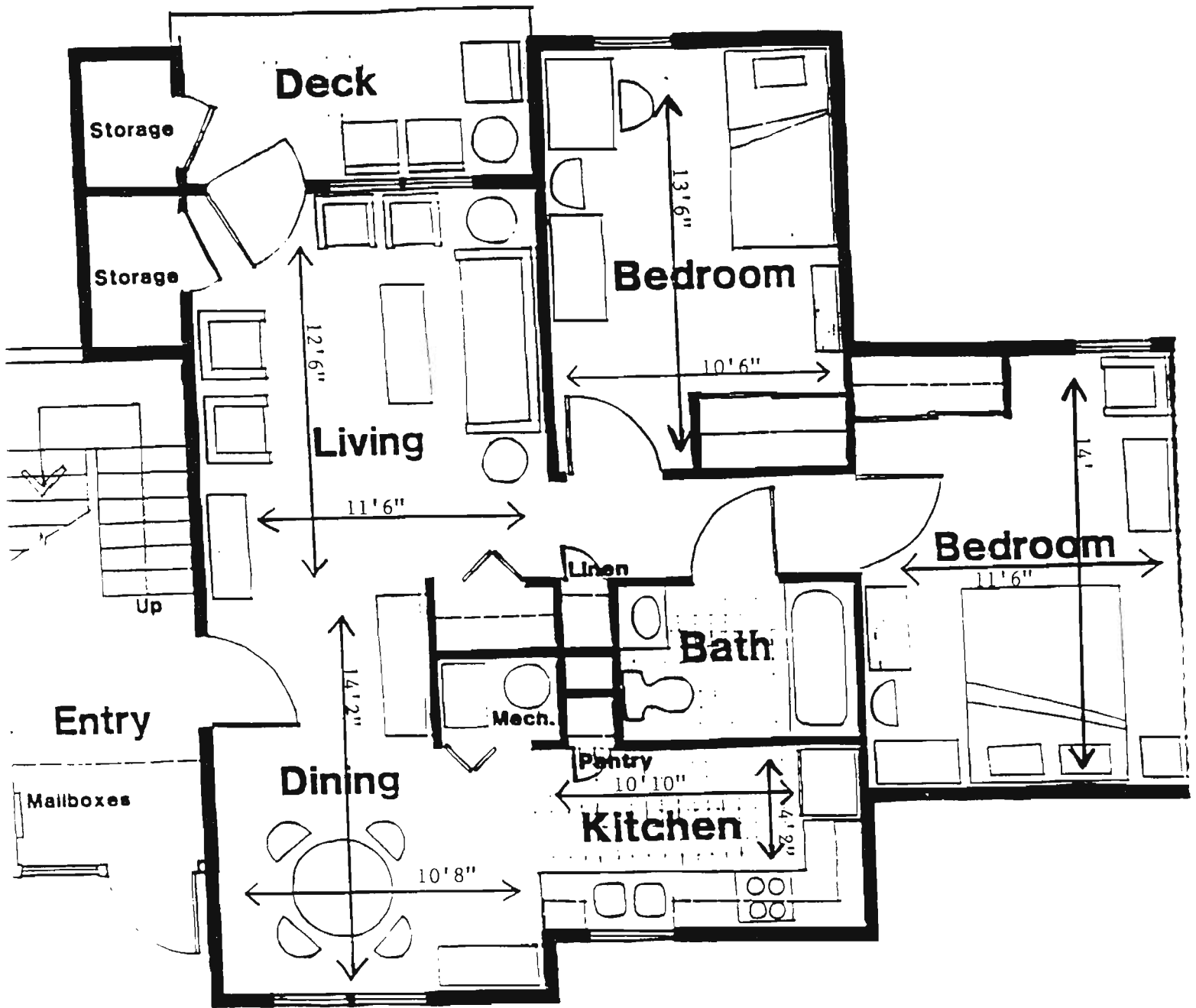
The rent, as of Jan 1, 2020 is as follows:

1 bedroom 1st floor	\$640.00
1 bedroom 2nd floor	\$580.00
2 bedroom 1st floor	\$670.00
2 bedroom 2nd floor	\$615.00

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



1 BEDROOM UNIT - 630 sq. ft.



2 BEDROOM UNIT - 787 sq. ft.

GOLDEN VIEW ACRES APPLICATION FOR WAITING LIST

FIRST NAME MIDDLE LAST

ADDRESS CITY STATE ZIP

HOME PHONE CELL PHONE

DATE OF BIRTH _____ MARITAL STATUS _____
Month Day Year Age

Are you currently living in Sharonville? _____ 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 _____

Is someone legally empowered to act in your behalf? _____

NAME _____ ADDRESS _____

HOME PHONE _____ BUSINESS PHONE _____

APARTMENT REQUESTED

First Floor - One Bedroom _____
First Floor - Two Bedroom _____
Second Floor - One Bedroom _____
Second Floor - Two Bedroom _____

EMERGENCY CONTACT: NAME _____

ADDRESS _____

HOME PHONE # _____

BUSINESS PHONE # _____

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

Signature of Applicant

AMOUNT DEPOSITED _____ RECEIPT # _____ DATE _____