



Turner Retirement Homes Resident Handbook and Application

Celebrating *90 Years of Ministry and Care

*June 2023

Providing a Caring Community for Christians in Retirement

 TRH is a smoke & alcohol-free facility 



5405 Boise St. SE PO Box 970 Turner, OR 97392
Phone: 503-743-2490 Fax: 503-743-2803 www.trhomes.org

Dear Applicant:

Thank you for your interest in residing in a Turner Retirement Homes property.

Before applying for residency, please read the entire Resident Handbook.

The Handbook will introduce you to many of TRH's policies, procedures, and expectations of our residents.

At the back of this packet, you will find the Resident Application. Please fill it out completely. You can then detach the application pages and return them with the application fee. Please keep the handbook section for your future reference.

If you have any questions, please contact the office.



Office Hours/Staffing

Office Hours:

8:00 am – 4:30 pm Monday – Thursday
We close at 4:00 pm on Friday
Closed 12:30 pm – 1 pm daily for lunch
and Closed on Major Holidays

Telephone Numbers:

Office: 503-743-2490

**After Hours Maintenance
For Emergencies ONLY!
503-884-6135**

Mailing Address:

Turner Retirement Homes
P.O. Box 970
Turner, OR 97392

Office Address:

5405 Boise St. SE

Website: trhomes.org

Administration & Staff

Executive Administrator: Tim Long
Bookkeeper: Sarah Bevilacqua
Administrative Assistant: Cindy Brammer
Activity Coordinator: Laurie Dyer
Resident Services: Misty Struble

I. General Policies and Fees

- ◆ Turner Retirement Homes is a smoke-free community. No smoking is allowed.
- ◆ Alcohol is not allowed on TRH grounds.
- ◆ Noise should be held to a minimum.
- ◆ Speed limits are 10 mph in all neighborhoods unless otherwise posted.
- ◆ We accept cash, personal checks, and money orders. We currently do not accept credit or debit cards for payments of any type.
- ◆ A one-time non-refundable application fee of \$150 is required when you turn in your application.
- ◆ A non-refundable move-in fee of \$750 is required upon move-in or transferring from one unit into another unit.
- ◆ One small pet is allowed for independent residents upon approval by administration with a one-time refundable \$1,000 pet fee. (Refundable only after inspection when terminating residency).
- ◆ All prices and fees are subject to change and will be communicated 30 days in advance.

II. Monthly Fees (Reimbursement Day)

You will be invoiced prior to the first of each month and payment will be due on the third of each month. When the third falls on a weekend, payments will be received on the first business day following the weekend. Payments can be accepted at the main office during business hours, or you can place your payment in the mail slot located to the left of the office front door. Many residents have their payment mailed directly from their bank to the office.

Failure to make payment on time will require an added late fee of 5% of your rent, starting on the 5th day after the due date. If you are unable to pay on time, please contact the office to make other arrangements. Repeated failure to pay on time may lead to termination of residence at TRH.

III. House Additions, Changes, Building & Landscaping

Any changes to a unit or the landscaping thereof will need to have advance written authorization from Administration before work may begin. When a resident requests changes in writing and it is approved, the resident is responsible for all costs incurred. The placement of storage sheds on TRH property will need to be approved by Administration in writing before building. TRH has the right to reverse any unapproved changes to a unit or landscaping at the resident's cost. Labor for correcting unauthorized changes will incur a labor fee of \$40.00 per hour.

Storing of trailers, motorhomes, or boats, etc., on TRH property is prohibited unless you have prior written permission from Administration.

IV. Yard Maintenance

Yard maintenance for rental units is the responsibility of the resident. We will start offering a yard maintenance service in 2023. If you would be interested in this service, contact the office.

V. Overnight Guests

Guests may stay with the resident in their homes, but guests are requested to limit their stay to 10 days or less. Failure to comply with this request may result in the termination of residency. Long-term guests staying (more than 10 days) require prior approval from the Administrator at a cost of \$300.00 per month for the additional occupant.

VI. Respect and Safety

Showing respect for other residents and property is a duty of all residents. Read and know the rules outlined in this Resident Handbook. Safety Inspections of all units will be conducted annually by TRH staff. Hoarding is a safety hazard and is not allowed. Failure to comply with safety standards by residents may result in termination of residency.

- Quiet Hours are from 10:00 pm to 8:00 am.
- Keep vehicle parking to designated areas only and off grass.
- No discharging of firearms is allowed on the property.
- No Fireworks are allowed on the property.



Guidelines for Vacating an Independent Unit

To clearly communicate our expectations when a unit is being vacated, we have implemented the following guidelines. Please direct any questions you may have to Administration.

- A 30-day written notice is required when you plan to vacate the unit.
- Please call in advance to schedule an inspection of the unit before you leave so we have time to review and prepare any refundable pet deposits. After the unit has been vacated it will be assessed for unusual wear and tear, the cost of any extensive repairs will be reviewed and added to the final bill. If leaving mid-month your reimbursement and water/sewer (if billed by TRH) will be pro-rated through the date the unit is vacated and any refunds will be mailed to you.
- Please make sure all food has been removed from the refrigerator/freezer and the refrigerator/freezer is cleaned inside. Please make sure all items are removed from the cabinets and drawers and wipe out all drawers and cupboards shelves in all areas. (Kitchen, bathroom and bedrooms)
- Remove all garbage and items to be discarded and dispose of it properly or take it with you.
- TRH is not responsible for any items left over 30 days. If items are still in the unit after 30 days, TRH will dispose of anything that remains and bill the resident for all costs incurred. Labor will be billed at \$35 per hour.
- Please contact utility companies before leaving to have them restored back to Turner Retirement Homes. (Water/sewer, electricity, and natural gas.)
- Before leaving, return ALL keys, including mailbox keys and garage door openers to the Administration office during office hours.
- Please leave a forwarding address with the Administration office should we need to contact you.

Questions & Answers

Who do I call when I have a maintenance problem?

Call the Administration Office to create a work order. The order will be given to the maintenance crew for review and scheduling. Reminder: For all after-hours EMERGENCIES, please call 503-884-6135.

Do I need to register my car with the office?

Yes, for security purposes. See form at the back of Resident Handbook.

Do I need to register my renter's insurance with the office?

Yes, for insurance purposes. See form at back of Resident Handbook.

Is storage available at TRH?

There are no individual storage units available at TRH.

Are you allowed to have alcoholic beverages or to smoke at TRH?

No alcohol is allowed on campus grounds. No smoking is allowed on campus grounds or in units.

If you have any other questions, do not hesitate to call the Administration Office.



When submitting your completed Application:

Make sure all the items below are completed

- Please make sure all sections on the Application are filled out completely
- Make sure you sign and date all paperwork
- Include the application fee of \$150.00 made payable to TRH
- If you have a pet, please include the \$1,000.00 Pet Fee
- Resident Authorization
- Signed Agreements
 - Renters Assurance
 - Car Registration Information

*Providing a Caring Community for
Christians in Retirement*



5405 Boise St. SE ~ PO Box 970, Turner, OR 97392 503-743-2490

Application Form

I present the following information to Turner Retirement Homes with the understanding that the facts contained herein will be held in strict confidence to be used only by the administrative and admissions personnel.

Today's Date: _____ Marital Status: Single Married

Name: _____ Phone: _____

Name of Spouse: _____ Phone: _____

Address: _____
City State Zip Email: _____

Projected date of coming: _____

Duplex (one-bedroom)

How did you learn about our facilities? _____

Do you have friends or relatives living at Turner Retirement Homes? Yes No

Name/Location: _____ Relationship: _____

Name/Location: _____ Relationship: _____

Personal Information

Date of Birth: Month _____ Day: _____ Year: _____ Current Age: _____

Place of Birth: City _____ County: _____ State: _____

Spouse's Date of Birth: Month _____ Day: _____ Year: _____ Current Age: _____

Spouse's Place of Birth: City: _____ County: _____ State: _____

Driver's License Number _____ Expiration Date: _____ State: _____

Driver's License Number _____ Expiration Date: _____ State: _____

Emergency Contact Information

Your nearest living relatives/responsible parties (in order of emergency notice)

1. Name: _____ Address: _____
zip code

Relationship: _____ Phone: _____ E-mail: _____

2. Name: _____ Address: _____
zip code

Relationship: _____ Phone: _____ E-mail: _____

3 Name: _____ Address: _____
zip code

Relationship: _____ Phone: _____ E-mail: _____

References: Please provide us with three

Name: _____ Phone _____

Relationship: _____ City, State, Zip: _____

Name: _____ Phone _____

Relationship: _____ City, State, Zip: _____

Name: _____ Phone _____

Relationship: _____ City, State, Zip: _____

Please Read and Sign before Returning this Application

I/We present this information to Turner Retirement Homes and give TRH permission to contact my references and understand that this application is only the preliminary step in the resident selection process and in no way guarantees occupancy.

Signature of Applicant Date _____

Signature of Applicant Date _____

The following must be included with application:

- \$150 non-refundable Application Fee Date Paid _____ Check # _____
- Copy of Advanced Directive
- Copy of Durable Power of Attorney
- One small pet is allowed with refundable pet deposit of \$1,000.00. Date Paid: _____

For Office Use Only

Recommendation: Approved Pending Denied

Signature: _____ Date: _____
Admissions Chair



5405 Boise St. SE PO Box 970 Turner, OR 97392
Phone: 503-743-2490 Fax: 503-743-2803 www.trhomes.org

Agreement

RENTAL INSURANCE POLICY

Signature of Resident Date _____

Printed Name of Resident Date _____

Signature of Spouse, if applicable Date _____

Printed Name of Spouse, if applicable Date _____

Policy Numbers: _____

**This form needs to be signed and returned to the
Administrative Office with your renter's insurance policy information.**



5405 Boise St. SE PO Box 970 Turner, OR 97392
Phone: 503-743-2490 Fax: 503-743-2803 www.trhomes.org

Agreement

CAR REGISTRATION INFO

Signature of Resident Date _____

Printed Name of Resident Date _____

Signature of Spouse, if applicable Date _____

Printed Name of Spouse, if applicable Date _____

Type of Vehicle _____
Year Make Model License Number

Type of Vehicle _____
Year Make Model License Number

**This form needs to be signed and returned to the
Administrative Office.**



Resident Authorizations

I, _____ & _____ (spouse)
authorize the staff of Turner Retirement Homes to do the following: (mark yes or no).

<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No	I understand that photos and videos are sometimes taken to record activities and special events and that these pictures may be used within this community or in news stories about the community. You have my permission to include my picture.
<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No	Staff may enter my apartment in my absence in order to deliver services, check on well-being, to do maintenance & routine safety checks, or to perform other tasks at my request. Additional instructions:
<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No	Send my monthly bill to the person designated the Responsible Party on my Resident Application or to the person who has agreed to act as my Power of Attorney. Additional instructions:

Other Comments:

Resident Signature: _____ Date: _____
 Resident Signature: _____ Date: _____

Changes in authorization will be made upon the resident's request by filling out a new form and attaching it to this form when completed. An opportunity to review these authorizations shall be made at least annually.

Staff Signature: _____ Date: _____

