



WESTMINSTER VILLAGE
Application for Residency
Licensed Assisted Living

Floor Plan Preferences (Select all that apply):

- Efficiency Studio 1 Bedroom 2 Bedrooms

Additional Apartment Preferences: _____

Applicant: _____
Last Name First Middle

Second Applicant: _____
Last Name First Middle

Address: _____
Street City State Zip

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email: _____

Marital Status: Single Married Widowed Anniversary Date ____/____/____

Date of Birth: _____ / _____ / _____ _____ / _____ / _____
Applicant one Applicant two

Name of Physician: Dr. _____ Phone no.: (____) _____ - _____

Physicians Address: _____
Address City State Zip

Social Security no.: _____ - _____ - _____ _____ - _____ - _____
Applicant one Applicant two

Medicare no.: _____ _____
Applicant one Applicant two

Contact Person: _____ (____) _____ - _____
Name Phone No.

Email: _____

By signing this form, the person or persons named above are applying for residency to Westminster Village Assisted Living apartments. Applicant(s) are also consenting to the release of medical information and have agreed to provide the necessary information and forms for residency.

Date Signature

Date Signature

To be completed by
Westminster Village

- Physician Report form returned
- Other required paperwork returned
- Resident Assessment completed

Approved for residency by

Date