



WESTMINSTER VILLAGE
Application for Residency
Independent Living

Floor Plan Preference(s) (Select all that apply):

- Studio, 1 Bedroom, 2 Bedroom, 2 Bedroom Expanded, 2 Bedroom Corner Expanded, Deluxe 1, Deluxe 2

Additional Preferences:

Anticipated Move-in Timeline: As soon as possible, 6-12 months, 1-2 years, 3+ years, Other

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

Contact Person: Name, Phone No.

Email:

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

Date, Signature, Date, Signature

To be completed by Westminster Village

- Physician Report form returned. Other required paperwork returned

Approved for residency by, Date