



WESTMINSTER VILLAGE

INDEPENDENT LIVING APARTMENTS & WILLOWS DUPLEXES

Application for Residency

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

- Independent Living Apartments: [ ] 1 Bedroom, [ ] 1 Bedroom Expanded, [ ] 2 Bedroom, [ ] 2 Bedroom Expanded, [ ] 2 Bedroom Corner Expanded, [ ] Deluxe 1, [ ] Deluxe 2
Willows Duplexes: [ ] Small, [ ] Medium, [ ] Large

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(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Applicant one Applicant two

Name of Physician: Dr. \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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 or Willows duplexes. Applicant(s) are also consenting to the release of medical information and have agreed to provide the necessary information for residency.

To be completed by Westminster Village

- [ ] Physician Report form returned
[ ] Other required paperwork returned

Approved for residency by

Date

Date

Signature

Date

Signature