WESTMINSTER VILLAGE
Application for Residency
Willows Duplexes

I/we are interested in: (Select all that apply):

❑ The Sassafras ❑ The Maple ❑ The Linden

Additional 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 Villlage Willows duplexes. 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