

Application for Residency

Dear Prospective Resident,

We are pleased you are considering the Communities of Meadowood as your future residence.

Our communities require an application fee of \$250.00 per person and a \$500.00 entry fee that secures your place on our waiting list. Should you request that your name(s) be removed from our waiting list the entry fee is completely refundable. The application fee is not refundable. Upon being offered and accepting a garden home or apartment a security deposit of \$2,000.00 will be required.

Please contact the Marketing Department toll free at (877) 330-4370 or (812) 336-7060 if you have any questions concerning this application.

Name _____ Birth Date _____

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Address _____

Phone Number _____ E-Mail _____

Living Status: ___ Married ___ Widowed ___ Shared ___ Shared

What type of accommodations do you prefer? Please indicate acceptable choices in order of preference.

<u>APARTMENT</u>	<u>GARDEN HOME</u>	<u>EXPANSION</u>
<input type="checkbox"/> 1 Bedroom (A-2)	<input type="checkbox"/> 1 Bedroom (G-2)	<input type="checkbox"/> Interested in adding to existing units
<input type="checkbox"/> 1 Bedroom (A-3)	<input type="checkbox"/> 1 Bedroom (G-3)	<input type="checkbox"/> Interested in building a free standing home
<input type="checkbox"/> 2 Bedroom (A-4)	<input type="checkbox"/> 2 Bedroom (G-4)	
<input type="checkbox"/> 2 Bedroom (A-5)	<input type="checkbox"/> 2 Bedroom (G-5)	
<input type="checkbox"/> 3 Bedroom (A-6)	<input type="checkbox"/> 3 Bedroom (G-6)	
		<input type="checkbox"/> <u>ASSISTED LIVING</u>

What is your desired time frame for moving into our community?

0-6 months 6 months to 1 year 1-2 years

I give Meadowood permission to publish my name on its wait list.

I understand that I must meet the admission criteria (see reverse) and complete the Applicant Profile, Confidential Health Information form, and Resident Emergency form in order to begin the application process.

Signed _____ Date _____