

Deposit / Waitlist Agreement

Insert Facility Logo

Your deposit of \$ _____ will hold your spot on our waitlist. This deposit gives you “first right of refusal” on any available room in the order of our waitlist. If you move in the deposit will be applied to the \$ _____ move-in fee.

Please make the check payable to _____.

Deposit Date: Check Number:

Bedroom Reserved: # Estimated Move-In Date (If known):

Depositor

Signature: Date:

Print Name: Phone Number:

Email:

Address:

Relationship to Resident:

Resident Information

Resident's Name: Resident's Birthday:

This deposit is 100% refundable under the following conditions:

- You do not enter into an Admission Agreement (Sign & Complete Agreement)
- If our administrator does not accept your residency at the facility.
- You request a refund.