



# Waitlist Deposit Agreement

NAME

PHONE ALT PHONE

EMAIL

ADDRESS CITY STATE ZIP

Apartment Type:  Independent Living  Assisted Living  Memory Care  Enhanced Care  
Style Preference:  Studio  Enhanced Studio  1 BR  1 BR/Den  2 BR  2 BR/Den

Amira Choice Arvada hereby acknowledges the receipt of \$500. **This fee assures you have been added to the Amira Choice Arvada Waitlist.** Upon move-in, this fee will be applied to the Community Fee. This is not a lease agreement, and can be cancelled by either party. Upon submitting a written request to cancel your membership, the \$500 fee will be fully refunded at any time for any reason, and the priority is void. Amira Choice Arvada is a smoke/vape-free community, including all common areas and living units.

SIGNED DATE

RECEIVED BY (AMIRA CHOICE REPRESENTATIVE) CHECK # PRIORITY #

Please make your check payable to:  
**Amira Choice Arvada**  
Mail to:  
Amira Choice Arvada  
6260 McIntyre Street  
Arvada, CO 80403

**RESIDENT REFERRAL PROGRAM**  
Please indicate if you were referred to Amira Choice Arvada by a resident of any Amira or Amira Choice community.

After we have received your check, we will return a copy of this form to you.

FRIEND'S NAME

COMMUNITY

