

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 1 BR 1 BR/Den 2 BR 2 BR/Den

Amira Choice Bloomington hereby acknowledges the receipt of \$500. **This fee assures you have been added to the Amira Choice Bloomington 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 Bloomington 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 Bloomington

Mail to:

Amira Choice Bloomington
5501 American Blvd W
Bloomington, MN 55437

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

RESIDENT REFERRAL PROGRAM

Please indicate if you were referred to
Amira Choice Bloomington by a resident
of any Amira or Amira Choice community.

FRIEND'S NAME

COMMUNITY