



Wait List Deposit Form

DATE

APPLICANT NAME

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

Apartment Type: Independent Living Assisted Living Memory Care

Style Preference: Studio 1 BR 1 BR / Den 2 BR

Contact or designated representative for applicant if different from above:

NAME

ADDRESS

PHONE

EMAIL

CITY

STATE

ZIP

RELATIONSHIP TO APPLICANT

Initial Here

Wait List: Please add me to the Amira Choice Forest Lake Wait List. I understand that a \$500 deposit is due when submitting this form. My deposit is fully refundable if I send a signed letter requesting removal from the wait list.

Checks can be made payable to: Amira Choice Forest Lake

Return this form and check to:

Attn: Outreach & Sales Director

231 West Broadway Avenue, Suite 1, Forest Lake, MN 55025

Call 651.466.1705 with any questions.

For internal use only

Processed by: _____ Date: _____ Time: _____ Check Number: _____

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