



# Wait List Deposit Form

DATE

APPLICANT NAME

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

Apartment Type:  Independent Living  Assisted Living  Memory Care  Enhanced Care

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

Contact or designated representative for applicant if different from above:

NAME

ADDRESS

PHONE

EMAIL

CITY

STATE

ZIP

RELATIONSHIP TO APPLICANT

Wait List: Please add me to the Amira Choice Minnetonka 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 Minnetonka  
Return this form and check to: Attn: Outreach & Sales Director  
2004 Plymouth Road, Minnetonka, MN 55305  
Call 952.525.4542 with any questions.

*For internal use only*

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Check Number: \_\_\_\_\_

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