



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

Initial Here Wait List: Please add me to the Amira Choice Plymouth 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 Plymouth
Return this form and check to: Attn: Outreach & Sales Director
18405 Old Rockford Road, Plymouth, MN 55446
Call 763.478.4241 with any questions.

For internal use only

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

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