



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

Contact or designated representative for applicant if different from above:

NAME _____

ADDRESS _____ PHONE _____ EMAIL _____

CITY _____ STATE _____ ZIP _____

RELATIONSHIP TO APPLICANT _____

- Please add me to the Amira Choice Roseville at Lexington 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.
- Please also add me to the Amira Choice Roseville wait list.

Checks can be made payable to: Amira Choice Roseville at Lexington
Return this form and check to: Attn: Outreach & Sales Director
2680 Lexington Avenue N
Roseville, MN 55113
Call 651.766.2265 with any questions.

For internal use only

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