



THE WESLEY COMMUNITY

WOODLAWN COMMONS

APPLICATION FOR INDEPENDENT LIVING

Deposit checks to be made payable to Woodlawn Commons in the amount of \$1,200.00.

APPLICANT(S) INFORMATION

Applicant Name _____

Address _____

Phone _____ Email Address _____

Date of Birth ____ / ____ / ____ (mo/day/yr) Social Security # _____

Additional Occupant Name _____

Phone _____ Email Address _____

Date of Birth ____ / ____ / ____ (mo/day/yr) Social Security # _____

APARTMENT INFORMATION

1) Please specify type of apartment preferred: 1 Bedroom 2 Bedroom

2) Desired time frame for residency: Immediate Within next week months 12 months or longer

3) Do you have any pets? Yes No If yes, please specify: _____

4) Is anyone in the household a smoker? Yes No

Woodlawn Commons is a non-smoking community.

FAMILY/EMERGENCY CONTACT *If you are representing the resident as Health Care Proxy (HCP) or Power of Attorney (POA) please check box below.*

Name _____ HCP POA

Address _____

Phone Number _____ Email _____

Name _____ HCP POA

Address _____

Phone Number _____ Email _____

APPLICANT SIGNATURES

Signature _____ Date ____ / ____ / ____

Signature _____ Date ____ / ____ / ____

OFFICE USE ONLY

Date of Deposit ____ / ____ / ____ Amount of Deposit \$ _____

Notes: _____
