



Jones Harrison 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

How soon would the potential resident like to move?

☐ Within 30 days ☐ 30 - 90 days ☐ 90 days or more

Optional - Please note other preference(s) you would like us to know about, (i.e. floor, view, design, apartment #, timeframe of move.)

***Contact or designated representative for applicant if different from above:**

Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone #: _____ Email: _____

Relationship to Applicant: _____



Wait List: Please add me to the **Jones Harrison** 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 waitlist.

Checks can be made payable to: **Ebenezer**

Return this form and check to: **Attn: Outreach and Sales Director**

3700 Cedar Lake Ave
Minneapolis, MN 55416

Call community with any questions: 612-920-2030



For internal use only:

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