



## Jones Harrison Wait List Deposit Form

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Apartment Type: 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: **Jones-Harrison**

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: \_\_\_\_\_