



5. Please check the type of living arrangement desired:

- a. \_\_\_\_\_ Single Suite (for 1 person)
- b. \_\_\_\_\_ Double Suite (for 1 person)
- c. \_\_\_\_\_ Double Suite (for 2 people)

**NOTICE:** All incoming residents are required to be vaccinated for Covid.

6. Nearest Relative

_____			
Name	Relationship	Tel. Number	
_____	_____	_____	_____
Address	City	State	Zip

**Stilwell Retirement Residence provides equal opportunity housing.**

Financial assistance might be available. To request such assistance, a written statement as to a person's income, expenses, and capital assets must be submitted to the Stilwell Board of Trustees. Any request for financial assistance will be strictly confidential.

**Note: the minimum age to move into Stilwell is 62.**

**Admissions Procedure**

1. Complete and return application to Stilwell.
2. Wait to be contacted about room availability.
3. Once contacted, schedule a personal interview with the Stilwell administration.
4. Decide to move in, and prepare to do so.
5. Arrange for payment of your first bill.

I certify that I have fully stated all facts and that all the above information is true, to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application