

**STILWELL RETIREMENT RESIDENCE  
TEXAS RETIRED TEACHERS RESIDENCE CORPORATION**  
5400 Laurel Lake Drive, Waco, Texas 76710  
(254) 772-4644 or 772-4649  
Toll Free: 1-866-240-7599

**APPLICATION FOR RESIDENCY**

Name \_\_\_\_\_  
                                    First                                    Middle                                    Last

Address \_\_\_\_\_  
                                    Street                                    City                                    State                                    Zip Code

Email Address \_\_\_\_\_ Date \_\_\_\_\_

Phone No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_

1. Teacher (or work) Experience:  
                                    (Town or City)                                    (State)                                    (No. of years)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

2. Was your spouse a retired Texas educator?    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, name and experience: \_\_\_\_\_

\_\_\_\_\_

3. Are there any conditions which might prevent you from taking care of your  
personal needs? \_\_\_\_\_

\_\_\_\_\_

4. Will you be ready to move to Stilwell in the next 30 days? \_\_\_\_\_

If no, approximately when do you estimate you will be ready? \_\_\_\_\_

\_\_\_\_\_

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)

6. Nearest Relative

Name	Relationship	Tel. Number	
Address	City	State	Zip Code



**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. Complete Admissions Agreement, Medical Information Sheet, and Designation of Responsible Party.
6. 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.

Please email completed application form to:  
[jugglertx@grandecom.net](mailto:jugglertx@grandecom.net)

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date of application