



WARNER CLOSE

RETIREMENT LIVING

Application for Residency At Warner Close Retirement Living

Applicant Information

Applicant 1:

Full Name: _____ D.O.B: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Applicant 2 (if required):

Full Name: _____ D.O.B: _____
Last First M.I.

Unit Applied for: **DOUBLE** **SINGLE**

Are you an Australian Citizen? YES NO

Do you have any pets? YES NO Species/breed? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Are you currently ready to move in? YES NO If no, I will be ready to move in (weeks/months): _____

Are you bringing your own appliances? YES NO

Are you bringing your own linen? YES NO

Please note that details can be changed at any time by contacting the office

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to residency, I understand that false or misleading information in my application or interview may result in my eviction.

Signature: _____ Date: _____