## 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**

lame			
ameFirst	Middle		Last
ddress	0"	01.1	7: 0 - 1 -
Street	City	State	Zip Code
mail Address		Dat	e
hone No	Da	te of Birth	
ocial Security No	M	larital Status _	
. Teacher (or work) Experienc (Town or City)		ate)	(No. of years)
a			
b			
C			
. Was your spouse a retired T	exas educator?	Yes	No
If yes, name and experience			
•			
. Are there any conditions wh			
personal needs?			
	0.00 0.00 0.00	00 1 0	
. Will you be ready to move to	Stilwell in the next	30 days?	

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 R	Residence provides eq	ual opportun	ity housing.		
Financial assistance might be available. To request such assistance, a written statement as to a person's income, expenses, and captial assets must be submitted to the Stilwell Board of Trustees. Any request for financial assistance will be strictly confidential.					
Admissions Procedure					
<ol> <li>Complete and return application to Stilwell.</li> <li>Wait to be contacted about room availability.</li> <li>Once contacted, schedule a personal interview with the Stilwell administration.</li> <li>Decide to move in, and prepare to do so.</li> <li>Complete Admissions Agreement, Medical Information Sheet, and Designation of Responsible Party.</li> <li>Arrange for payment of your first bill.</li> </ol>					
I certify that I have fully state is true, to the best of my known		I the above i	nformation		
	Signature	e of Applican	it		
	Date of	Application			