



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.

### 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.

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

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