

## HIGHLAND APPLICATION FOR WAITING LIST FARMS

APPLICANT (Dr.) (Mr.) (Mrs.) (Ms.)			
	First	Middle	Last
Perferred Name			
Address			
City	_ State	ZipCou	nty
Email			
Telephone Number ( )		Cell phone ( )	
Birth Date			
Marital Status Married Single _	Widow(er)		
Emergency Contact		Relationsh	iip
Telephone number	Email		
ADDITION TO THE STATE OF THE ST			
APPLICANT (Dr.) (Mr.) (Mrs.) (Ms.)	First	Middle	Last
Preferred Name			
Address			
City		State	Zip
Email			
Telephone Number ( )		Cell phone ( )	
Birth Date			
Marital Status Married Single	Widow(er	)	
Relationship to applicant			
Emergency Contact		Relationsh	iip
Telephone number	Email		

## CHECK ALL ACCOMMODATIONS THAT ARE OF INTEREST.

Expected Date of En	try F	Preferred Entrance Fee type		
Meadowmont:	One Bedroom Den	Two Bedroom	Two Bedroom Den	
Condominium:	Two Bedroom	Three Bedroom		
Cluster Home:	One Bedroom	Two Bedroom	Three Bedroom	
Garden Apartment:	Efficiency	One Bedroom	Two Bedroom	
Cottages:	One Bedroom Den	Two Bedroom	Two Bedroom Den	
Lodge:	Single	Expanded Studio	One Bedroom	
New Brookside & Vis	sta Ridge Apartments:	One Bedroom	One Bedroom Den	
	Two Bedroom	Two Bedroom Den		
order to determine if Givens Highland Farms is the right fit for you.  By signing this application, you agree to the terms, conditions, and rate structure that apply to the level of residency in which you are interested.  The \$1,500 application fee will be applied toward to your entrance fee upon completion of a Resident and Services Agreement. If your application is not approved, 100% of the fee will be refunded, and if you chose to be removed from the wait list, 50% will be refundable.				
Applicant			Date	
	Signature			
Applicant			Date	
	Signature			
FOR GIVENS HIGHL	AND FARMS OFFICE US	E Revised 1/1/2023		
Application fee of \$1	,500 received by			
Check number				