

Freighter View Assisted Living Community
Reservation Application

Applicant's Information

Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____

Date of Birth _____ Age _____ Sex _____

Present Housing Arrangement _____

Responsible Party's Information

Name _____

Relationship _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Alternative _____

Additional Contact's Information

Name _____

Relationship _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Alternative _____

Medical Information

Family Physician _____

Telephone Number _____

Specialist _____

Telephone Number _____

Home Health _____

Telephone Number _____

Desired Accommodations

Apartment Size: _____ Studio _____ One Bedroom