



WESTMINSTER VILLAGE
Application for Residency
Licensed Assisted Living & Memory Care

Floor Plan Preference(s) (Select all that apply):

Assisted Living: Studio 1 Bedroom 2 Bedrooms

Memory Care: Single Unit Double Unit

Additional Apartment Preferences: _____

Applicant: _____
Last Name First Middle

Second Applicant: _____
Last Name First Middle

Address: _____
Street City State Zip

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email: _____

Marital Status: Single Married Widowed Anniversary Date ____/____/____

Date of Birth: _____ / _____ / _____
Applicant one Applicant two

Name of Physician: _____ Phone: (_____) _____ - _____

Physicians Address: _____
Address City State Zip

Contact Person: _____ (_____) _____ - _____
Name Phone

Contact Person Address: _____
Address City State Zip

Email: _____

By signing this form, the person or persons named above are applying for residency to Westminster Village Licensed Assisted Living and Memory Care apartments. Applicant(s) are also consenting to the release of medical information and have agreed to provide the necessary information and forms for residency.

To be completed by
Westminster Village

Physician Report form returned
 Other required paperwork returned
 Resident Assessment completed

Approved for residency by

Date

Date Signature

Date Signature