

Assisted Living & Memory Care Wait List Form

We value your decision to plan. Thank you for considering Northern Lakes for your (or your loved ones) next season of living. When a floorplan/care level you indicate is available you will receive a call and offered an apartment. If you pass on the opportunity your name stays on the list.

Until you move-in or ask to be removed offers will continue to be made when there is availability.

Date:

Please circle preference: Assisted Living Studio, 1BR, 1BR+Den or Memory Care Studio

Please note timeframe for desired move in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Potential Resident: \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_ Zip:

Phone #: Email:

Contact or designated representative for applicant if different from above:

Name:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_ Zip:

Phone #: Email:

Relationship to Applicant: \_

Please add me to the Northern Lakes Senior Living Wait List. I understand the $250 deposit is due when submitting this form. **I am aware that my deposit is fully refundable upon submission of a signed letter requesting removal from the wait list. If a move-in occurs this deposit will be applied to the non-refundable Community Fee of $2000.**

Wait list form and check can be sent to: Northern Lakes Senior Living

Northern Lakes Senior Living Attn: Angelique Hayes | 8186 Excelsior Road, Baxter, MN 56425

Contact Angelique with any questions: 218.454.2121 or [angelique.hayes@Fairview.org](mailto:angelique.hayes@Fairview.org)

Processed by Date: Check Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_