

**Palmstown Manor
Application of Residency**

Name: _____ Date: _____

Date of Birth: _____ Marital Status: _____

Spouse's Name: _____

Current Address: _____

_____ Phone Number: _____

Contact Name: _____ Relationship: _____

Contact Address: _____

_____ Phone Number: _____

Expected Date of Move In: _____ Room Type Preference: _____

Do you have a vehicle: _____ Make/Model/Color: _____

License Plate: _____

Do you currently: Rent? _____ Own a home/condo? _____

Other: _____

Enclosed is my check for \$ _____ as a deposit for a room at Palmstown Manor, or to place my name on a priority waiting list.

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____