PRIORITY WAIT LIST APPLICATION
FOR
EMMANUEL HOUSE RESIDENCE

Shaded Area for office use only:

Priority Number_____Date_____Time_____

Applicant Last Name_____First Name_____

Address_____
Street City State Zip Code Telephone

I am submitting an application for the Priority Wait List at Emmanuel House Residence. The following choices are registered in my name:

Status:

_____ ***A. Presently a Resident (Top Priority)***

_____ ***B. Very Interested/Please include non-refundable application fee of $750.00 for individual/$1,000.00 for a couple/$250.00 for Group Adult Foster Care (GAFC)***

_____ ***C. Future Interest/Name Only***

Style of Apartment/Program:

_____ ***1. Studio***

_____ ***2. 1 Bedroom New***

_____ ***3. 1 Bedroom Center***

_____ ***4. 1 Bedroom Deluxe***

_____ ***5. 2 Bedroom***

_____ ***6. 2 Bedroom Deluxe***

_____ ***7. Cooperative Living Program***

_____ ***8. Group Adult Foster Care Program***

Apartment Preference: (Mark space only if mandatory)

_____ ***A. Tub*** _____ ***B. Shower***

_____ ***A. North Side*** _____ ***B. South Side***

It is our responsibility to contact Emmanuel House Residence with any change in our address or telephone number to assure we are available for notification.

_____ _____
Helena Silva, Director Date Wait List Applicant Date