

Friendsview Intent List Application

Applicant _____ Date of Birth _____

Co-Applicant _____ Date of Birth _____

Relationship to Applicant _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell _____

E-mail Address _____

Religious Affiliation _____

Person to contact if we cannot contact you:

Name _____ Relationship _____

Address _____ Telephone _____

City _____ State _____ Zip _____

What is your primary reason for coming to Friendsview? _____

Preferred Residences (Please number in order of preference)

_____ MANOR: Studio Large Studio One Bedroom Two Bedroom

_____ CREEKSIDE: Alcove Studio One Bedroom Two Bedroom

_____ GARDENSIDE: One Bedroom

_____ SPAULDING OAKS: One Bedroom Two Bedroom Two Bedroom w/Den

_____ CHERRY STREET VILLAGE: Two-Bedroom Duplex/Fourplex House

_____ MEADOW WAY: Two Bedroom Two Bedroom w/Den

_____ SPRINGBROOK MEADOWS: Two Bedroom Two Bedroom w/Den

_____ UNIVERSITY VILLAGE: Two Bedroom

_____ OFF-CAMPUS RESIDENCY PROGRAM

Please contact me when a preferred residence becomes available.

I request that you pass over my name until the following date: _____

To ensure your place on the intent list, please include a \$325 nonrefundable application fee with the application. (Checks may be written to Friendsview.)

Please return this form and fee to:

Director of Marketing
Friendsview Retirement Community
1301 Fulton Street
Newberg, OR 97132

Applicant Signature _____ Date _____

Co-Applicant Signature (if needed) _____ Date _____

