

## CIRCLE OF FRIENDS FUTURE RESIDENCY AGREEMENT

\_\_\_\_\_, *The Glebe Circle of Friends Member(s)*, hereafter referred to as "Priority List Member(s)" is (are) interested in exploring residency at The Glebe. The *Priority List Member* is providing payment to The Glebe in the amount of **\$1000** for the purpose of being kept apprised of upcoming available Independent Living, Assisted Living, or Memory Care accommodations, as specified below, at The Glebe.

All decisions regarding priority of receipt will be at the sole discretion of The Glebe. The *Priority List Member* understands that they will be notified in writing of receipt of their deposit within approximately two weeks of receipt of the form. If, at any time, the *Priority List Member* changes their mind about moving to The Glebe, the fully refundable **\$1000** deposit will be refunded upon request by the *Priority List Member*.

### Contact Information

Name \_\_\_\_\_ Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Current Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Emergency Contact/Number (other than spouse): \_\_\_\_\_

**Residence Preference:**      **Independent Living**                      **Assisted Living**                      **Memory Care**

If Independent Living, please floorplan preference(s): \_\_\_\_\_

Any other specification details: (ex: floor): \_\_\_\_\_

I/we plan to accept a residence in \_\_\_\_\_ (month / year).

### Deposit

My/Our deposit of \$ \_\_\_\_\_ is made this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ by check # \_\_\_\_\_.

If you pass on your turn to reserve an apartment of your preference when you are called, you maintain your position on the Priority Wait List and do not drop to the bottom. Please be sure to keep us abreast of your plans as needs and timing change.

Please mail this completed form along with a check to:

**The Glebe**  
**Attn: Marketing Department**  
**200 The Glebe Blvd.**  
**Daleville, VA 24083**

All deposits will be held in a federally insured bank. You may obtain a full refund of the deposit at any time. If a refund is requested, however, you will forfeit your Priority Wait List position.

Internal Use:

Date Received: \_\_\_\_\_