



# **SHEPHERD'S CROSSING**

## ***Priority Reservation Application***

This completed Priority Reservation Application along with a fully refundable \$1,000 deposit will place you on the list to select a new residence to be built at *Shepherd's Crossing - A Christ's Home Community*. You will be contacted in order of the date of your priority application to select the available residence type and location. A deposit equal to 10% of the entrance fee along with an application fee of \$150 and signed Residence and Care Agreement will secure the residence of your choice.

### ***Agreement and Application***

I would like to make a Priority Reservation deposit for Shepherd's Crossing. I understand that I will be able to select my residence according to the order of my priority deposit. My \$1,000 deposit is fully refundable should I change my mind prior to placing a 10% deposit and signing a Residence and Care Agreement. (Refund requests must be made in writing. Refunds will be made within 15 days of receipt of the request.)

Applicant: \_\_\_\_\_

Co-applicant: \_\_\_\_\_

Date of Birth: Applicant: \_\_\_\_\_ Co-applicant: \_\_\_\_\_

Present Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Alternate Address and/or Phone Number: \_\_\_\_\_

How did you hear about Shepherd's Crossing? \_\_\_\_\_

***(Please complete and sign the reverse side.)***

### **Optional Information**

The following information is strictly voluntary and will be used only to assess the likes and interests of our potential residents.

Previous Occupation(s): \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Community Groups: \_\_\_\_\_

Volunteer Activities: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

College or University Attended: \_\_\_\_\_

Other: \_\_\_\_\_

### **Signature**

The undersigned agree to the terms of this Priority Reservation Agreement. I understand that joining the Priority Reservation List does not obligate me to become a resident of Shepherd's Crossing nor guarantee that I will meet the admissions criteria. I further understand that my refundable Priority Reservation Deposit does not lock in a price as entrance fee pricing is subject to change. Requests for a refund must be made in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this application along with a check for \$1,000 payable to **Christ's Home** and mail to:

*Barbara R. Crockett*  
Director of Marketing  
Shepherd's Crossing  
466 Norristown Road  
Warminster, PA 18974  
(215) 956-1802