



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:

Thomas P. Garvin
Senior Administrator for Retirement Living
Shepherd's Crossing
466 Norristown Road
Warminster, PA 18974
(215) 956-1802