



**PARKSIDE SENIOR LIVING COMMUNITIES
RESERVATION APPLICATION
INDEPENDENT LIVING**

I/We do hereby wish to reserve my/our priority selection of an apartment home at Parkside Senior Living Communities.

I/We understand my/our \$500 deposit entitles us to select an apartment home. In the event that an available apartment home is not to my/our satisfaction for any reason, or my/our health status or financial situation which would preclude occupancy would change, the deposit is fully refundable.

It is my/our understanding and both parties signed below agree, upon selection of my/our apartment home, the \$500 deposit will be applied toward the initial resident fee.

Upon making a deposit you will be given a Resident Application and Physician Form to be completed and returned.

Date _____

Name(s) _____

Address _____

Phone _____

Preferred Apartment # _____ Expected Date of Occupancy _____

Check Community of Choice:

____ The Regency at South Shore
322 Washington Place
Erie, PA 16505
(814) 454-2222

____ Parkside at Westminster
3929 W. 38th Street
Erie, PA 16506
(814) 835-8101

____ Parkside at North East
2 Gibson Street
North East, PA 16428
(814) 725-3665

Make Checks Payable to Parkside or The Regency at South Shore