



2 Gibson Street • North East, PA 16428 • 814/725-3665

**ASSISTED LIVING  
RESERVATION AGREEMENT  
THE PARKSIDE SUITES**

I/We do hereby wish to apply to receive assisted living services at The Parkside Suites.

I/We understand my/our \$ 500 deposit entitles us to be considered for an assisted living apartment home. I/We understand that the professional staff at The Parkside Suites and my Physician will qualify my health status to be appropriate for services at The Parkside Suites. The deposit is fully refundable if the applicant is not approved for occupancy.

It is my/our understanding and both parties signed below agree, upon moving to The Parkside Suites, the \$ 500 deposit will be applied to the initial resident fee.

NUMBER OF OCCUPANTS: \_\_\_\_\_

SOCIAL SECURITY NUMBER(S): \_\_\_\_\_

PREFERRED APARTMENT #: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT DATE

\_\_\_\_\_  
APPLICANT DATE

\_\_\_\_\_  
ADDRESS PHONE

\_\_\_\_\_  
THE PARKSIDE SUITES DATE

\*Make checks payable to Parkside at North East, 2 Gibson Street, North East, PA 16428

A PARKSIDE SENIOR LIVING COMMUNITY