

LANDOW HOUSE



A Charles E. Smith Life Community

APPLICATION

Please print clearly or type

Mr. Dr. Mrs. Ms. Miss

Last name _____ First _____ Middle _____ Date of Birth _____

Mr. Dr. Mrs. Ms. Miss

Last name _____ First _____ Middle _____ Date of Birth _____

Address _____

City _____ State _____ ZIP _____

Phone: Home _____ Mobile _____

E-mail _____ Fax _____

I am interested in Assisted Living at Landow House. My apartment preferences are:

One Bedroom

Two Bedroom, Two Bath

Deluxe Two Bedroom, Two Bath

I have enclosed an application fee: \$100 for an individual, or \$125 for a couple.

I understand that returning this signed application and the application fee assures me of a position on the waiting list. Applicants will be considered in the order of their position on the list, which is determined by the date of receipt of the application form and fee. The fee is not refundable. Applicants' rights may not be assigned to others, and do not pass to heirs or personal representatives.

LANDOW HOUSE CORPORATION, SIGNED THIS _____ day of _____ 20 ____ .

Future Resident _____

Future Resident _____

Or by _____, Authorized Agent _____

If someone other than the prospective resident is managing this application, please provide your contact information:

Mr. Dr. Mrs. Ms. Miss

Name _____ Relationship _____

Address _____

City _____ State _____ ZIP _____

Phone: Home _____ Work _____

Mobile: _____ Mobile Carrier/Network* _____

E-mail _____ Fax _____

* In the event of a facility/community emergency

Mail to: **1799 East Jefferson Street, Rockville, MD 20852**
If you have questions about this application, please call **301.816.5050**.