



Longview
an Ithacare community

Reservation Procedure

Please complete this application and mail it with your check for the reservation fee made **payable to Longview**.

I (we) wish to apply for reservation list status at Longview.

I (we) understand that at the time this application is received by Longview, my (our) name(s) will be added to the reservation list and given priority status by date of application.

Also, I (we) will complete and return Longview's medical form(s) and Confidential Data Application if not already on file.

Reservation Fee: *This application is accompanied by payment of a \$1000.00 fee. This fee, plus accrued interest, is refundable if you withdraw or can be applied to Longview's entry fee, security deposit or rental fees when you are admitted.*

Name of Applicant _____

Name of Co-Applicant _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

Signatures _____

applicant

Social Security #

co-applicant

Social Security #

Date of Application _____ Reservation Fee Received _____

Acknowledged by Longview _____

*If you have any questions, please feel free to contact Longview's Director of Resident Services, **during regular business hours** (8:30 am - 5:00 p.m.) at 607-375-6320.*



EQUAL HOUSING
OPPORTUNITY