

Deposit Receipt

I,, 1	hereby apply for residency at Vicinia Independent.
(Resident Names)	
applicable). The \$500.00 will be immediated potential resident will be notified. The resident will be notified.	0.00 deposit to hold a place on the waitlist (if ately deposited, and once a room becomes available, the sident will be given a Qualification Meeting prior to ed employees. I understand residency is contingent upon a Meeting.
Lease & Service Agreement and Residen submitted back to Vicinia upon move—in.	t Guide will be given prior to "move-in" and must be
Requested Floor (Circle one): 1 st 2 nd 3 rd Requested Suite Type (Circle one): Studio 1B 1B/ADA 2B 2B/ADA 2B/Tub 2B/Delux	
Requested Suite #: (Requested suites will not be guaranteed until learning)	se signing)
Print: Resident or Representative	
Sign: Resident or Representative	Date
Deposit Amount: Pay	ment Method:
Sign: Vicinia Representative	Date
RESIDENT CONTACT INFO:	REPRESENTATIVE CONTACT INFO:
Name(s):	Name/Relationship:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email:	Email:
	fundable upon lease signing. The deposit balance of lso non-refundable at that time. Upon lease signing, the

The \$500.00 deposit will become non-refundable upon lease signing. The deposit balance of \$1,500.00 is due at lease signing and is also non-refundable at that time. Upon lease signing, the full monthly rent is due on the lesser of; the date of resident's occupancy or 60 days following the date of the lease agreement, or we reserve the right to offer the room to another person. We will periodically contact you when a room is available to see if you are ready to move in. If after 3 attempts we are unable to reach you, and at least a year has passed since our last point of contact, you forfeit your deposit and Vicinia Independent will remove you from the waitlist.