



Trial Stay Deposit Receipt

I, _____, hereby apply for residency at Vicinia Independent.
(Resident Names)

Vicinia shall collect a refundable deposit (\$500.00 Community Fee per week, not to exceed \$3,000) which will hold a place on the waitlist (if applicable). The deposit will be immediately deposited, and once a room becomes available, the potential resident will be notified. The resident will be given a Qualification Meeting prior to proposed residency by one of our qualified employees. I understand residency is contingent upon conditions as set forth in the Qualification Meeting.

Lease & Service Agreement and Resident Guide will be given prior to “move-in” and must be submitted back to Vicinia upon move-in.

Requested Floor (Circle one): 1st 2nd 3rd

Requested Suite Type (Circle one): Studio 1B 1B/ADA 2B 2B/ADA 2B/Tub 2B/Deluxe

Requested Suite #: _____

(Requested suites will not be guaranteed until lease signing)

Print: Resident or Representative

Sign: Resident or Representative

Date

Deposit Amount: _____ **Payment 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: _____

Upon lease signing, the full 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. The deposit will be refunded following discharge and a final inspection of any damages incurred or applied to the Community Fee if the Resident(s) decides to sign a permanent lease. 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.