



Application for Residency
Date: ____/____/____

Thank you for choosing our community as your new home! To reserve your apartment choice or to be placed on the waiting list, please submit this form with a check for \$300.00. With a deposit, a representative of this community will contact you to begin the process of moving in to your new home.

Name of Community: Copperleaf Senior Living Community

PO Box 655
Willmar, Minnesota 56201

Name:

Address: Telephone:

City: State: ZIP:

Contact Person: Relation:

Address: Telephone:

City: State: ZIP:

Physician: Telephone:

Address/City: State: ZIP:

Apartment Preference

Senior Living Assisted Living Care Suites

Apartment Choice: _____

Memory Care Memory Care
_____ Single Occupancy _____ Double Occupancy

Reservation Deposit

The reservation deposit is a refundable deposit. When you move in to this community, the deposit will be applied to your first month's rate. If you choose not to move in, the deposit will be returned to you within 15 days. If you are not ready at the time you are contacted about placement, the apartment will be offered to the next individual on the list.

Long Term Care Consultation *MN State law requires us to offer long term care consultation. This area's contact is below.

Kandiyohi County Human Services Intake contact:
2200 23rd Street NE (320) 231-7800 Extension: 7824
Willmar, MN 56201

Applicant Signature Date

Community Representative Date

