

FRIENDS ADVANTAGE PROGRAM



The VILLAGE

A T B R O O K W O O D

Received: _____

Reviewed: _____

Priority #: _____

Applicant Name _____

Co-Applicant Name _____

Address _____

City/State/Zip _____

Applicant birthday _____ Co-applicant birthday _____

Phone _____ Cell Phone _____

Email _____

Any Alternate Contact Information:

Address _____

City/State/Zip _____

Alternate phone number _____

Financial Qualifications:

Approximate net worth _____ Monthly income _____

I do ___ do not ___ have long-term care insurance. Approximate daily rate allowance _____

I/We are interested in the following floor plans:

APARTMENT HOMES

- Azalea
- Birch
- Camellia
- Dogwood
- Elm

GARDEN HOMES

- Holly
- Magnolia
- Maple
- Oak

I would like to be called about a home in _____

Month

Year

Applicant Agreement

I/We are interested in becoming a resident at The Village at Brookwood and would like to join the Friends Advantage Program. I have made application and submitted a \$1200 application fee. According to this agreement, \$200 of the application fee is non-refundable, and the remaining \$1000 will be credited towards my eventual move to The Village. Should I be unable or choose not to move to The Village, the \$1000 is fully refundable.

As a result of this agreement, I will receive a Priority or Advantage Number that is assigned at the time of application. This number reserves my place in line to gain an offer for the homes that I have chosen at or after the time period I designated on the application.

I understand that at the time of an offer to become a resident at The Village, I will be asked to submit a financial statement and a medical evaluation form from my physician for final qualification to become a resident.

Applicant's Signature _____ Date _____

Co-applicant's Signature _____ Date _____



Please be sure the Marketing Staff at The Village at Brookwood always has current information on how you can be reached. You may want to list an alternate contact, particularly if you have a second place of residence or travel a great deal.

Alternate Contact Information:

Contact name _____

Address _____

City/State/Zip _____

Alternate phone _____

Please return to:

The Village at Brookwood
Attn: Marketing Department
1860 Brookwood Avenue
Burlington, NC 27215

Phone: (336) 570-8440 • (800) 282-2053

For use by The Village staff only
Please initial and date

Approved by: _____

Date: _____

Approved by: _____

Date: _____