Hoffman SummerWood Community

Application

Exhibit 4000

Name _____

Address _____

City _____ State _____ Zip _____

Telephone ( )_____

Second Address _____

Street City State Zip

Can you share where you heard about SummerWood?

☐ Newspaper ☐ Live nearby ☐ Friend/family ☐ Physician ☐ Temple/Rabbi

☐ SummerWood Employee (name)_____

☐ SummerWood Member (name)_____

☐ Other:_____

Contact for: ☐ Self ☐ Other (Please identify) _____

APARTMENT PREFERENCE

- One-bedroom (1st choice _____) (2nd choice _____)
- Two bedroom (1st choice _____) (2nd choice _____)
- COMMENTS: _____

Other Comments_____

_____

Physician_____Telephone _____

Address_____

Family Contact _____ Relationship _____

Address_____ Telephone ( )_____

Street City State Zip

Email Address:_____

Applicant/Designated Representative: _____ Date __/___/___

Signature

New 11/00 Rev. 11/01; 4/03; 7/06; 9/09