



# CIELO AZUL RETIREMENT COMMUNITY APPLICATION FOR WAITING LIST

Dear Prospective Resident,

We are pleased you are considering Cielo Azul Retirement Community as your future residence.

Our community requires an application fee of \$ 50.00 per person to secure your place on our waiting list. Should you request that your name(s) be removed from our waiting list the application fee is completely refundable. Please make your check payable to "Cielo Azul Condominium Deposits" and submit application to:

**Jack Booth, President  
Cielo Azul Retirement Community  
2527 Virginia NE., Suite J  
Albuquerque, NM 87110**

Please contact Jack Booth, President of Cielo Azul at (505) 962-2481 or toll free 866-840-7100, if you have any questions concerning this application.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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Phone Number (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Living Status: Married \_\_\_\_\_ Widowed \_\_\_\_\_ Shared \_\_\_\_\_

**What type of accommodations do you prefer?** Please indicate acceptable choices in order of preference.

Studio \_\_\_\_\_ One Bedroom Apartment \_\_\_\_\_

Two Bedrooms, One Bath \_\_\_\_\_ Two Bedrooms, Two Baths \_\_\_\_\_

Assisted Living \_\_\_\_\_ Alzheimer's, Dementia \_\_\_\_\_

**What is your desired time frame for moving into our community?**

0-6 months \_\_\_\_\_ 6months to 1 year \_\_\_\_\_ 1-2 years \_\_\_\_\_

I give Cielo Azul Retirement Community permission to publish my name on its waiting list. I understand that I must meet the admission criteria and complete the Applicant for residency , Confidential Health Information form, and Resident Emergency form in order to begin the application process.

Signed \_\_\_\_\_ Date \_\_\_\_\_