



THE
NORMANDY

Application for Residency

Name _____
Email Address _____
Date of birth _____
Social Security # _____ (Required by City of Rocky River)
Address _____
City/State _____ Zip _____
Phone Number _____

Emergency Contact

#1 Name _____ Relationship _____
Address _____
City/State _____ Zip _____
Home Phone _____
Work Phone _____
Cell/Pager # _____
Email Address _____

Second Person

Name _____
Email Address _____
Date of birth _____
Social Security # _____ (Required by City of Rocky River)
Address _____
City/State _____ Zip _____
Phone Number _____

Emergency Contact

#2 Name _____ Relationship _____
Address _____
City/State _____ Zip _____
Home Phone _____
Work Phone _____
Cell/Pager # _____
Email Address _____

Additional Contact Information

Primary Care Physician: _____

Second Occupant's Info: _____

Power of Attorney (if any)

Name _____ Phone _____

Institution/Relationship _____

Address _____

City/State _____ Zip _____

Monthly Income:

Pension \$ _____

SSI \$ _____

Other \$ _____

TOTAL \$ _____

Will you be bringing your car? If yes complete the following:

*An additional MONTHLY charge of \$60.00 for ONE SPACE, will apply and a one time deposit of \$35.00 per remote.

Year _____ Make _____ Model _____ Color _____

Plate _____ Please complete even if parking in lot

Do you have a cat? _____ One or Two ? _____

*A non-refundable \$500.00 Pet Fee is required per cat.

Signature of Applicant(s) _____ Date _____

Signature of Applicant(s) _____ Date _____

Signature of POA, if necessary _____ Date _____

*Please do not write below line for Office Use Only

Apartment Selected: _____ Monthly Rent : _____

Meal Plans: _____ Care Plans: _____

Garage: _____ Additional: _____

Application Fee \$150.00 Check # _____ Date: _____

Community Fee \$2500.00 Check # _____ Date: _____

Wait List \$2000.00 Check # _____ Date: _____