



THE  
NORMANDY  
SENIOR LIVING

## **Breakwater Apartments**

Congratulations on your decision to move to The Normandy! Our staff will work with you to ensure a smooth transition that is easy on you and your loved ones. In order to secure your new home, please provide the following information by completing the documents included in this packet:

1. Initial and Sign the Independent Living Fee Schedule
2. Complete and Sign the Rental Application
3. Have your primary Care Doctor complete the Medical Evaluation. \*If you are a couple, please request a second copy or feel free to make one. Please note: if the evaluation is older than 90 days a new one will be required.
4. Turn all completed paperwork along with a check made out to The Normandy in the amount of \$2,650.00 to the Sales Director. This amount includes \$150.00 Application Fee and \$2,500.00 Community Fee.
5. If you elect to go on the Wait List all the above applies, however, you will also need to sign a separate agreement and the amount due drops to \$2,150.00 (see Fee Schedule)

After all of the above is reviewed, the Sales Director will contact you to schedule a time to discuss the move-in procedure.

Please contact us if you have additional questions.

440-333-5401

info@thenormandy.com

*\*We understand life-changing circumstances can occur at any time, therefore it is important for you to notify us with any changes as soon as possible before possession of the apartment is granted. A change in status will require an additional write-up from a medical professional.*





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## Application for Residency

### Resident #1

Name \_\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_ — \_\_\_\_ — \_\_\_\_

Social Security # \_\_\_\_\_ *(Required by the City of Rocky River)*

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

### Resident #2

Name \_\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_ — \_\_\_\_ — \_\_\_\_

Social Security # \_\_\_\_\_ *(Required by the City of Rocky River)*

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

**Additional Contact Information**

Primary Care Physician Resident 1: \_\_\_\_\_

Primary Care Physician Resident 2: \_\_\_\_\_

**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 for ONE SPACE, will apply plus 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: \_\_\_\_\_

Garage: \_\_\_\_\_ Additional: \_\_\_\_\_

Application Fee \$150.00 Check # \_\_\_\_\_ Date \_\_\_\_\_

Community Fee \$2,500.00 Check # \_\_\_\_\_ Date \_\_\_\_\_

Wait List \$2,000.00 Check # \_\_\_\_\_ Date \_\_\_\_\_