

WAITLIST APPLICATION



APPLICATION DATE _____

Upon receipt of this form and your deposit, you will be added to the Waitlist for the neighborhoods checked below. Your application date and individual preferences establish your order of priority to be contacted about residences that come available at Rockwood South Hill.

APPLICANT #1

Last Name _____ First Name _____ MI _____
(Dr., Mr., Mrs., Ms.)
Address _____ City _____ St _____ Zip _____
Home Phone _____ Cell Phone _____
Age _____ Birthdate _____ Email _____

SPOUSE OR APPLICANT #2

Last Name _____ First Name _____ MI _____
(Dr., Mr., Mrs., Ms.)
Home Phone _____ Cell Phone _____
Age _____ Birthdate _____ Email _____

TIMEFRAME you are considering a move to Rockwood South Hill:

Spring/Summer Fall/Winter Year _____ Unsure

DATE you would like us to begin contacting you about available residences:

Now Beginning mo/yr _____

THE WAITLIST DEPOSIT for one neighborhood is \$1,000. Each additional neighborhood is \$500. Please make your check out to Rockwood South Hill. (Waitlist Deposits are fully refundable with a written notice of withdrawal).

Waitlist Deposit Enclosed: \$1,000 \$1500 \$2000

WAITLIST APPLICATION



PLEASE INDICATE IN ORDER OF PREFERENCE (#1, 2 AND/OR 3) YOUR HOUSING PREFERENCE(S):

____ Forest Estates – Homes/Duplexes

- 1100 – 1599 sq ft 2 br/2ba
- 1600 sq ft & up 2 br/2ba +den

____ The Summit Tower Apartments - 11 Story Tower

- 900 – 1600 sq ft 1&2br/1&2ba
- 1630 sq ft & up 2 br/2ba +den

____ The Ridge Apartments - 7 Story Tower

- 300 – 852 sq ft 1br/1ba
- 900 & up sq ft 1&2 br/1.5&2ba

Please complete this form and send it along with your check payable to Rockwood Retirement Communities to:
Rockwood South Hill
Marketing Department
2903 E. 25th Ave.
Spokane, WA 99223

Call (509)536-6850
with any questions.

We want to help you find the perfect home at Rockwood South Hill. Please share any additional information or preferences you want us to know in relation to your move to Rockwood:

In the event we are unable to reach you and need to refund your deposit, please provide us with family and/or friend contact information:

Name _____ Relation _____ Phone _____

Address _____

Name _____ Relation _____ Phone _____

Address _____

Note: Residency is subject to financial approval and a health review.

Signature(s)

X _____ Date: _____

X _____ Date: _____