



# Jefferson's Ferry Lifecare Retirement Community

## Wait List Agreement

This agreement is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by and between Jefferson's Ferry (hereafter called "Provider"); and \_\_\_\_\_ (hereafter collectively called "Applicant").

### WITNESSETH

For and in consideration of a **\$250.00** non-refundable Wait List Deposit, Applicant will be placed on a Wait List for Unit Type \_\_\_\_\_ in Jefferson's Ferry, subject to the following terms and conditions:

1. The Wait List Deposit shall be a sum equal to **\$250.00**, which is non-refundable. This agreement does not and should not be construed to vest or create any right or interest in Applicant to establish residence or right of residency or right to receive services or care under the Continuing Care Residency Agreement or otherwise at Jefferson's Ferry until such time as Continuing Care Residency Agreement has been fully executed and all monies required to be paid by said Continuing Care Residency Agreement have been deposited with Provider or its authorized agent.
2. The Provider will notify Applicant of the availability of a unit of the type specified in this Agreement when Applicant's priority number reaches the top of the list. Applicant will be notified, irrespective of unit location unless specified otherwise by Applicant.
3. If Provider notifies the Applicant on two occasions of the availability of a unit of the type specified in this agreement and the applicant chooses not to execute a Continuing Care Residency Agreement at either time, the Applicant shall automatically forfeit any right to the offered unit and be placed again at the top of the Wait List of the desired unit type.
4. The third time the Provider notifies the Applicant of the availability of a unit of the type specified in this agreement and the Applicant chooses not to execute the Continuing Care Residency Agreement within the specified period of time, the Applicant shall automatically forfeit any right to the offered unit and be placed at the bottom of the Wait List for that desired unit type.
5. The Entrance Fee and Monthly Service Fee for the unit type selected above shall be established by Provider at the time a specified unit becomes available and is selected by the Applicant and confirmed with a deposit equal to 10% of the Entrance Fee for the unit selected.
6. The Applicant shall pay a second Entrance Fee deposit of 15% within fifteen (15) days notice of Provider. Total deposits paid shall be 25% and will apply to the Entrance Fee due at occupancy.
7. The Applicant will pay the balance of the total Entrance Fee and the pro-rated Monthly Service Fee on the date of occupancy but no later than sixty (60) days following the date upon which the Applicant's living accommodation is available for occupancy.
8. Applicant shall have the right to give written notice to cancel this Agreement and his/her reservation on the Wait List. Upon receiving said notice, this Agreement shall be of no further force and effect and the Applicant's name shall be removed from the Wait List.



# Jefferson's Ferry Lifecare Retirement Community

## Wait List Agreement

	1 <sup>ST</sup> PERSON	2 <sup>ND</sup> PERSON
First Name		
Last Name		
Gender	M F	M F
Home Address		
City, State and Zip Code		
County		
Home Phone		
Cell Phone		
Work Phone		
Email Address		
Alternate Address		
Alternate City, State and Zip Code		
Alternate Home Phone		
Are you retired?	Yes No	Yes No
Wedding Anniversary		
Social Security Number		
Date of Birth		
Marital Status (circle one)	S M W D NA	S M W D NA
Religious Denomination (optional)		
Race (optional)		
Business Industry (optional)		
Previous Occupation (optional)		

Mail completed form and check, made payable to "Jefferson's Ferry Lifecare Retirement Community"  
 Jefferson's Ferry Lifecare Retirement Community • One Jefferson Ferry Drive • South Setauket, N.Y. 11720



# Jefferson's Ferry Lifecare Retirement Community

## Wait List Agreement

FAMILY CONTACTS		
Name	1	2
Relation		
Address		
City, State and Zip Code		
Home Phone		
Work Phone		
Mobile Phone		
Email		
Name	3	4
Relation		
Address		
City, State and Zip Code		
Home Phone		
Work Phone		
Mobile Phone		
Email		

Unit Type Preference (in Priority Order)
Unit Type
Unit Type
Unit Type
Unit Type
Specific Preferences (i.e.: floor, location, fireplace, etc.)

Applicant 1: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant 2: \_\_\_\_\_

Date: \_\_\_\_\_

Jefferson's Ferry Representative: \_\_\_\_\_

Date: \_\_\_\_\_

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