



WAITING LIST APPLICATION

Name: _____ Birthdate: _____

Address: _____

Phone: _____

Name: _____ Birthdate: _____
(second person)

Contact Information or Legal Representative should we be unable to reach you in the future.

Name: _____

Address _____

Phone: _____

Relationship: _____ (ie, relative, attorney.)

Time frame for possible move to Oak Hammock.

Ready Now 2-4 years 5-6 years 7 + up years

Make check out to "Oak Hammock at the University of Florida"

Return to: Star Bradbury / Oak Hammock

5100 SW 25th Blvd

Gainesville, FL 32608



WAITING LIST AGREEMENT

I/We, the undersigned, agree to the following terms and conditions for the Waiting List:

1. The type of unit I/we wish to consider is _____ (name of floor plan type, villa or club home).
2. A second choice or alternate type of unit I/we wish to consider is _____ (name of floor plan type, villa or club home or Not Applicable).
3. I/We have made a refundable non-interest bearing deposit of \$1,500.00 (the “Waiting List Deposit”) made out to Oak Hammock at the University of Florida.
4. I/We acknowledge that current members of Oak Hammock have priority if they should choose to transfer to an available Living Unit; otherwise the Waiting List Members are called in order according to the date of their deposit. After three refusals of any of the above selected Living Units, I/we understand my/our name will drop to the bottom of the Waiting List.
5. Being on the Waiting List will not freeze the Entrance Fee for Living Units at Oak Hammock. At the time a specific unit is accepted, I/we will place a 10% deposit based on the then current first person Standard Entrance Fee, less this waiting list deposit to reserve the unit for 90 days before closing. I/we agree to complete the Reservation Application process within 30 days.
6. Final approval for residency at Oak Hammock is not made until a specific unit is reserved and an updated Residency Application Packet, Pre Entrance Health Assessment, and an executed Reservation Agreement are received.
7. Upon written notification of desire to be removed from the Waiting List or upon death of the applicant, the full Waiting List Deposit will be refunded within 30 days.
8. I/We understand the current financial requirements for residency and feel I/we qualify at this time. I/We agree to provide an updated Confidential Financial Information form at the time of pursuing residency.

Applicant

Date

Applicant

Date

Oak Hammock at the University of
Florida Representative

Date