



Gramercy Park Cooperative of Plymouth
10400 45th Ave North, Plymouth, MN 55442
Phone: 763-531-9424 Fax: 763-559-8697
Email: gramercyparkplym01@gmail.com
Website: www.gramercyplymouth.com

Wait List Application for those 55 and Better

Name(s) _____

Phone(s) _____

E-mail _____

Address _____

City _____ State _____ Zip _____

- Preference:** _____ 1 Bedroom, 1 Bath
 _____ 2 Bedroom, 1½ Bath
 _____ 2 Bedroom, 2 Bath

WAIT LIST AGREEMENT:

I/We understand that Gramercy Park Cooperative of Plymouth is for active, independent (meaning Gramercy does not offer health care services) seniors, age 55 and older.

I/We wish to make a \$500 deposit to apply for a priority position on the Gramercy Park Cooperative of Plymouth Wait List. If I/we decide to exit the Wait List, our deposit will be refunded upon **written request**.

Upon receipt of this Wait List Application and deposit check, you will be added to our list. The Cooperative will notify each applicant whenever an apartment home becomes available. Applicants do not lose their priority position if they decline membership opportunities. Applicant seniority applies. Current members have priority over those on the Wait List for available apartments.

APPLICANT(S) SIGNATURE(S):

_____ Date _____

_____ Date _____

ADDITIONAL INFORMATION

APPLICANT(S) ALTERNATE ADDRESS:

Address _____

City _____ State _____ Zip _____

Phone(s) _____

Approximate dates at this address _____

CONTACT PERSON: (friend or relative who knows how to reach you)

Name _____

Relationship _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Phone(s) _____

ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW:
