



FRANCESCA RESIDENCE
RESIDENCY INFORMATION AND AGREEMENT

Name _____ Telephone No. _____

Date of Birth _____ Place of Birth _____

Religion _____ Parish or Church _____

Do you have a Power of Attorney? Yes _____ No _____

Nearest Relative _____ Relationship _____

Telephone No. _____

If yes: Name of POA _____

Contact No. _____

My monthly rental shall be \$ _____ (subject to Periodic adjustment)

I shall give the Daughters of Divine Charity 30-day notice of my termination of residency from the residence.

Resident Applicant x _____

Date _____

Date Accepted _____

By _____