

ATTIC ANGEL COMMUNITY

Residency Application

Attic Angel Community includes homes in our Attic Angel Prairie Point neighborhood and four levels of assisted living and health care within Attic Angel Place.

They are showcased online:

www.AtticAngel.org

If you haven't yet taken a tour, you may schedule an appointment by calling

608-662-8842

To apply, you will want to be equipped with the following information for the applicant(s):

- Policy information for health insurance and long-term care
- Contact information for the applicant's primary care physician
- Contact information for health care power of attorney, if applicable
- Information regarding income, assets, liabilities and financial institution(s)

*As of March 1, 2023, all applications require a \$1,000 **refundable** waitlist fee.*

In the event your application is not approved, your check will be returned.

Upon move-in, the fee will be applied to your first month's expenses.

Mail, fax or deliver your completed application, along with a \$1,000 check made out to Attic Angel Community, to the following address, marked clearly to the attention of the appropriate officer, who will review your application:

**Attic Angel Community
Attn: Sales and Marketing Manager
8301 Old Sauk Rd.
Middleton, WI 53562**

Phone: (608) 662-8842

Fax: (855) 780-5030

Acceptance of an application does not guarantee placement, and all prospective residents of Attic Angel Place (Segoe Heights apartments, Bryant Ridge assisted living, The Haven memory care, and Gorham Glen catered living) will be subject to a pre-admission assessment.

Thank you for your interest in Attic Angel Community!

ATTIC ANGEL COMMUNITY APPLICATION

Confidential Personal Information

APPLICANT 1

Title: Mr. Mrs. Ms. Miss Dr. Prof.

Last Name _____ First Name _____ Middle Initial _____

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone (____) _____ cell phone? | Alternate (____) _____ cell phone?

Marital Status: Single Married Widowed Other

Email: _____

Birthdate: ____/____/____

Desired Occupancy Date Immediate Future Date, estimated at _____

EMERGENCY CONTACT for Applicant 1

Last Name: _____ First Name: _____

Relationship: Spouse Significant Other Sibling Son Daughter Friend Other

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone (____) _____ cell phone? | Alternate (____) _____ cell phone?

INSURANCE

Health Insurance Company: _____

Policy #: _____ Phone: (____) _____

Long-Term Care Insurance Company: _____

Policy #: _____ Phone: (____) _____

HEALTH CARE POWER OF ATTORNEY: yes no

Primary Agent: _____ Phone: (____) _____

Alternate Agent: _____ Phone: (____) _____

PRIMARY CARE PHYSICIAN

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ ZIP: _____

Confidential Personal Information (continued)

LIVING OPTION(s) being considered for Applicant 1

ATTIC ANGEL PRAIRIE POINT

Our ranch-style homes make up a smoke-free neighborhood.

- Up to \$400,000
- \$400,000 to \$600,000
- \$600,000+

ATTIC ANGEL PLACE *All levels of service provide a smoke-free environment.*

Segoe Heights Apartments

- 1 Bedroom
- 1 Bedroom with den
- 2 Bedroom
- 2 Bedroom with balcony
- 2 Bedroom with den & balcony

Bryant Ridge - Assisted Living Apartments

Gorham Glen – Catered Living Suites

Admission Plan: short-term placement (rehab) long-term placement

Primary Diagnosis: _____

The Haven – Memory Care Suites

HOW DID YOU HEAR ABOUT ATTIC ANGEL COMMUNITY?

Family/Friend Website Media Story Advertising Health Care Professional

Current Resident/Volunteer/Employee; if so, who? _____

Other _____

Confidential Personal Information

APPLICANT 2

Title: Mr. Mrs. Ms. Miss Dr. Prof.

Last Name _____ First Name _____ Middle Initial _____

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone (____) _____ cell phone? | Alternate (____) _____ cell phone?

Marital Status: Single Married Widowed Other

Email: _____

Birthdate: ____/____/____

Desired Occupancy Date Immediate Future Date, estimated at _____

EMERGENCY CONTACT for Applicant 2

Last Name: _____ First Name: _____

Relationship: Spouse Significant Other Sibling Son Daughter Friend Other

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone (____) _____ cell phone? | Alternate (____) _____ cell phone?

INSURANCE

Health Insurance Company: _____

Policy #: _____ Phone: (____) _____

Long-Term Care Insurance Company: _____

Policy #: _____ Phone: (____) _____

HEALTH CARE POWER OF ATTORNEY: yes no

Primary Agent: _____ Phone: (____) _____

Alternate Agent: _____ Phone: (____) _____

PRIMARY CARE PHYSICIAN

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ ZIP: _____

Confidential Personal Information (continued)

LIVING OPTION(s) being considered for Applicant 2

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Other _____

ATTIC ANGEL COMMUNITY APPLICATION

Confidential Financial Statement

Purpose: This declaration is used to show conclusively each applicant's/couple's ability to maintain and meet financial obligations independently. It may be furnished directly to the Chief Operations Officer or, should the applicant desire, it may be submitted to Attic Angel's certified public accounting firm for evaluation (at an additional charge). This statement is not used as a basis for establishing entrance fees or monthly charges, as these charges are established by the Board of Directors at the beginning of each fiscal year and are based on the cost of operation. Neither Attic Angel Place nor Prairie Point requires that applicants turn over all of their assets. Updates of financial and waitlist information will be requested and required periodically.

Applicant 1: _____ **Applicant 2:** _____

CURRENT SOURCES OF INCOME				
	Applicant 1		Applicant 2	
Source	Monthly Income	Expected duration	Monthly Income	Expected duration
1. Social Security	_____	_____	_____	_____
2. Retirement Funds	_____	_____	_____	_____
3. Annuities	_____	_____	_____	_____
4. Interest/Dividends	_____	_____	_____	_____
5. Earned Income	_____	_____	_____	_____
6. Other	_____	_____	_____	_____
TOTAL INCOME →	_____	_____	_____	←TOTAL INCOME

CURRENT ASSETS – both applicants combined		
Real Estate		
Location	Remaining Mortgage Balance	Market Value
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
Investments (stocks/bonds, trusts, portfolios, etc.)		
Source	Date of Value	Market Value
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
Financial Institution Accounts		
Name	Amount	
a. _____	_____	
b. _____	_____	
c. _____	_____	

Other

Name	Amount
a. _____	_____
b. _____	_____
c. _____	_____

TOTAL ASSETS _____ **Are any of the above assets held in a trust?** yes no

DEBTS, LIABILITIES & FINANCIAL OBLIGATIONS

Name	Amount
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____

TOTAL LIABILITIES _____

NET WORTH (assets minus liabilities): _____

CERTIFICATION AND SIGNATURE

I certify that the information provided in this Attic Angel Community Application is complete and accurate to the best of my knowledge. My signature below signifies my pledge to Attic Angel that I will not impair, by gift or otherwise, my ability to meet my financial obligations while I am a resident in any part of the Attic Angel Community. I understand the admission and retention criteria and acknowledge my awareness that an accepted application does not guarantee placement. Misrepresentations and material omissions may be grounds for denial of Resident Aid, and/or discharge or termination of the Resident Agreement.

Signature: Applicant 1 or Legal Representative

Date

Signature: Applicant 2 or Legal Representative

Date

Attic Angel is an Equal Housing Provider and an Equal Opportunity Employer.

FOR OFFICE USE ONLY

Approved by _____

Declined by _____

Date _____