

# ATTIC ANGEL COMMUNITY

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## Residency Application

### GUIDELINES

**1. Take a Tour:** Attic Angel Community's living options are showcased and described online at [www.AtticAngel.org](http://www.AtticAngel.org), but even more details are available by taking a tour of our neighborhood. If you haven't already taken a tour, we urge you to schedule an appointment by calling **608-662-8842**.

**2. Apply.** This document may be printed and filled out by hand, or your answers may be typed into the fillable PDF and then printed. 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 health care power of attorney, if applicable
- Information regarding income, assets, liabilities and financial institution(s)

**3. Submit.** Mail, fax or deliver your completed application to the following address:

Attic Angel Community  
Attn: Chief Operations Officer  
8301 Old Sauk Rd.  
Middleton, WI 53562

Phone: (608) 662-8842  
Fax: (855) 780-5030

*Applications are reviewed by the Chief Operations Officer of Attic Angel Community. Acceptance of an application does not guarantee placement, and all prospective residents of Attic Angel Place (Apartments, Households, Haven, Health Center) 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

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ Alternate (\_\_\_\_) \_\_\_\_\_

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 (\_\_\_\_) \_\_\_\_\_ Alternate 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. Approved pets are welcome in this level of care.*

Freestanding Home

Duplex

Multiplex

Unit Style, if applicable \_\_\_\_\_ Address, if applicable \_\_\_\_\_

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

**CBRF Health Center**

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

**Primary Diagnosis:** \_\_\_\_\_

**CBRF Haven/Memory Care**

**RCAC Assisted Living Household Apartment**

**RCAC Apartments with Services** *(Approved pets are welcome in this level of care.)*

1 Bedroom

1 Bedroom with den

2 Bedroom

2 Bedroom with balcony

2 Bedroom with den & balcony

### 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

## CO-APPLICANT

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ Alternate (\_\_\_\_) \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Other

Email: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Desired Occupancy Date  Immediate  Future Date, estimated at \_\_\_\_\_

## EMERGENCY CONTACT for Co-Applicant

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship:  Spouse  Significant Other  Sibling  Son  Daughter  Friend  Other

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ Alternate 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 Co-Applicant

**ATTIC ANGEL PRAIRIE POINT**

*Our ranch-style homes make up a smoke-free neighborhood. Approved pets are welcome in this level of care.*

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Multiplex

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## 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 \_\_\_\_\_

# 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:** \_\_\_\_\_ **Co-Applicant:** \_\_\_\_\_

<b>CURRENT SOURCES OF INCOME</b>		
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<b>Source</b>	<b>Monthly Income</b>	<b>Expected duration</b>
1. Social Security	_____	_____
2. Pensions-retirement	_____	_____
3. Annuities	_____	_____
4. Rentals	_____	_____
5. Interest	_____	_____
6. Dividends	_____	_____
7. Earned Income	_____	_____
8. Other	_____	_____
<b>TOTAL INCOME</b>	_____	

<b>CURRENT ASSETS</b>		
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**Real Estate**

<b>Location</b>	<b>Remaining Mortgage Balance</b>	<b>Market Value</b>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

**Investments (stocks/bonds, trusts, portfolios, etc.)**

<b>Source</b>	<b>Date of Value</b>	<b>Market Value</b>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

**Other**

<b>Name</b>	<b>Amount</b>
a. _____	_____
b. _____	_____
c. _____	_____

**Financial Institution Accounts**

<b>Name</b>	<b>Amount</b>
a. _____	_____
b. _____	_____
c. _____	_____

**TOTAL ASSETS** \_\_\_\_\_

**DEBTS, LIABILITIES & FINANCIAL OBLIGATIONS**

<b>Name</b>	<b>Amount</b>
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____

**TOTAL 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. I acknowledge that an accepted application does not guarantee placement. I understand that move-in and admission decisions are based on established admission and retention criteria. Misrepresentations and material omissions may be grounds for denial of Resident Aid, and/or discharge or termination of the Resident Agreement.

\_\_\_\_\_  
**Signature: Applicant or Legal Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature: Co-Applicant or Legal Representative**

\_\_\_\_\_  
**Date**

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

FOR OFFICE USE ONLY

Approved by \_\_\_\_\_

Date \_\_\_\_\_