



ATTIC ANGEL

Residency Application

Attic Angel includes homes in our Attic Angel Prairie Point neighborhood, independent living apartments on the Attic Angel campus, and various levels of assisted living and memory 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

Please note that non-married applicants are required to submit two separate applications.

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)

*All applications require a \$1,000 **refundable** waitlist fee. In the event your application is not approved or you remove yourself from the waitlist, your deposit 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, to the following officer, who will review your application:

Attic Angel

Attn: Sales and Marketing Manager

8301 Old Sauk Rd.

Middleton, WI 53562

Phone: (608) 662-8842

Fax: (866) 571-3580

Acceptance of an application does not guarantee placement, and all prospective residents of Attic Angel Place (Segoe Heights independent living with services, 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!

ATTIC ANGEL 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

INDEPENDENT LIVING

- Attic Angel Prairie Point homes** - 123 ranch-style homes in a smoke-free, active adult community.
- Segoe Heights apartments** – Smoke-free independent living with services, on the Attic Angel campus.
- 1 Bedroom
 - 1 Bedroom with den
 - 2 Bedroom
 - 2 Bedroom with balcony
 - 2 Bedroom with den & balcony

ASSISTED LIVING All levels of service provide a smoke-free environment.

- Bryant Ridge** – Assisted Living Apartments
- Gorham Glen** – Catered Living Suites
- Admission Plan:** short-term placement (recuperative/respice) 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

(FYI: If not married to Applicant 1, independent application and approval are required)

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: _____

ATTIC ANGEL APPLICATION

Confidential Financial Statement

This declaration is used to show conclusively each applicant's/couple's ability to maintain and meet financial obligations independently. It may be furnished to the Chief Financial Officer or, should the applicant desire, 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 _____

DEBTS, LIABILITIES & FINANCIAL OBLIGATIONS

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

TOTAL LIABILITIES _____

NET WORTH (assets minus liabilities): _____

NON-DIVESTITURE STATEMENT/CERTIFICATION AND SIGNATURE
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I certify that the information provided in this Attic Angel 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. 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 _____