



## 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](http://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, 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/respite)  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
  
- I am a resident in a community managed by Attic Angel: \_\_\_\_\_
  
- 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	_____	_____	_____	_____
<b>TOTAL INCOME→</b>	_____		_____	<b>←TOTAL INCOME</b>

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

**Other**

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

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

<b>DEBTS, LIABILITIES &amp; FINANCIAL OBLIGATIONS</b>
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Name	Amount
a. _____	_____
b. _____	_____
c. _____	_____

**TOTAL LIABILITIES** \_\_\_\_\_

**NET WORTH** (assets minus liabilities): \_\_\_\_\_

<b>NON-DIVESTITURE STATEMENT/CERTIFICATION AND SIGNATURE</b>
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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.

**\*In the event that I/we pass away while on the waitlist, please refund my \$1000 deposit to:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If the application includes two parties, the deposit will be retained and the surviving co-applicant will remain on the waitlist unless we are otherwise notified.

\_\_\_\_\_  
**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 \_\_\_\_\_