



# ATTIC ANGEL

## Residency Application

Attic Angel, a 55+ community, is comprised of ranch homes in our Attic Angel Prairie Point neighborhood, as well as Attic Angel Place offerings such as independent living apartments, and various levels of assisted living and memory care.

Visit us online:  
**[www.AtticAngel.org](http://www.AtticAngel.org)**

**Please note:**

- ***If you wish to sign up for both the Prairie Point waitlist the Attic Angel Place waitlist, a \$1,000 waitlist deposit for each is required. Payment may be sent in as one check, or separate checks.***
- ***Non-legally married applicants (i.e. partners, friends, siblings, parent/child, etc.) are required to submit two separate applications and fees.***

*All applications for each waitlist require a \$1,000 **refundable** waitlist fee. Upon move-in, the fee will be applied to your first month's expenses. In the event your application is not approved or you remove yourself from the waitlist, your deposit will be returned.*

Mail, fax, email or deliver your completed application, along with check made out to Attic Angel, to the following for application review:

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

Phone: (608) 662-8842  
Fax: (866) 571-3580  
[livingwell@atticangel.org](mailto:livingwell@atticangel.org)

If you haven't yet taken a tour and would like to, you may schedule an appointment by calling: **608-662-8842**

*Acceptance of an application does not guarantee placement. An updated application will be required at time of move-in. All prospective residents of Attic Angel Place (Segoe Heights independent living with services, Bryant Ridge assisted living, the Haven memory care, and Gorham Glen enhanced assisted living) will be subject to a pre-admission assessment.*

# ATTIC ANGEL APPLICATION

## Confidential Personal Information

### APPLICANT

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

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: (\_\_\_\_) \_\_\_\_\_

### Non-Legally Married 2nd applicant (if applicable)- separate app & deposit(s) required

**My application is connected to a second applicant** (*i.e. partners, friends, siblings, parent/child, etc*)

Applicant name (so we can file them together): \_\_\_\_\_

**LIVING OPTION(s) being considered**

**ATTIC ANGEL PRAIRIE POINT**

*Independent ranch-style homes in a smoke-free, active adult community.*

**ATTIC ANGEL PLACE** *(if marking both Prairie Point and an option below, separate waitlist fees apply)*

*All levels of service provide a smoke-free environment, on the Attic Angel campus.*

**Segoe Heights apartments** – *Independent living with services*

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

**Bryant Ridge** – *Assisted Living Apartments*

**Gorham Glen** – *Enhanced Assisted Living Suites*

**Admission Plan:**    short-term placement (recuperative/respice)    long-term placement

**The Haven** – *Memory Care Suites*

**HOW DID YOU HEAR ABOUT ATTIC ANGEL COMMUNITY? (mark all that apply)**

- Word of Mouth    I am an Angel    Wisconsin State Journal or other newspaper
- NBC 15 TV Commercial    Wisconsin Public Television    National Public Radio    Podcast Ad
- Magazine/Publication    Social Media    Internet Search    Digital Ad on another website
- I am a resident in a community managed by Attic Angel: \_\_\_\_\_
- Referred by resident, employee, Angel/volunteer, or healthcare professional; if so, who? \_\_\_\_\_
- Other \_\_\_\_\_

# Confidential Personal Information

## SPOUSE OF APPLICANT (if applicable)

(If not legally married to applicant, a separate application, approval, & deposit(s) are required for second person.)

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

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: (\_\_\_\_) \_\_\_\_\_

# 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:** \_\_\_\_\_ **Spouse:** \_\_\_\_\_

### CURRENT SOURCES OF INCOME

	<u>Applicant</u>		<u>Spouse (if applicable)</u>	
	Source	Monthly Income	Expected duration	Monthly Income
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 SPOUSAL ASSETS – (both 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** \_\_\_\_\_

<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. 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. 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.

**\*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 a spouse, the deposit will be retained and the surviving co-applicant will remain on the waitlist unless we are otherwise notified.

_____	_____
<b>Signature: Applicant or Legal Representative</b>	<b>Date</b>

_____	_____
<b>Signature: Spouse or Legal Representative</b>	<b>Date</b>

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

FOR OFFICE USE ONLY

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

Declined by \_\_\_\_\_

Date \_\_\_\_\_