



W78 N675 Wauwatosa Rd.
Cedarburg, WI 53012

Heights Senior Apartments

Application for Residency

Personal Information

Name: _____ SS# _____ Date of Birth: _____

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Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Marital Status: _____ (single, married, widow/widower)

Years of residency (as an adult) in Ozaukee County: _____

Out of County Applicants: If you do not meet the residency requirement (currently living in Ozaukee County for at least 1 year), indicate the name and address of an immediate relative who does meet the residency requirement:

Name: _____	Relationship to Applicant _____
Address: _____	# of years in Ozaukee County _____

A. Social History

Your profession or occupation before retiring _____

What are your hobbies? _____

Were you in the military service? Yes/No If so, what branch? _____

Do you belong to a Veterans organization? (American Legion, VFW, AMVETS etc.) Yes/No

If so which organization? _____

Name	Location
Church Affiliation _____	Name of Church _____

B. Power of Attorney

Do you have a Power of Attorney? Yes/No Has it been activated? Yes/No

If yes, is it for: finances or healthcare or both _____

C. Confidential Financial Information

This confidential financial information will be used in determining your ability to meet financial obligations. It is used solely by Lasata Heights.

DATE RECEIVED: _____

Please list all assets:

Real Estate:

Estimated Market Value: \$ _____
Amount of Mortgage: \$ _____
Value: \$ _____

Checking Accounts:

Approximate Amount: \$ _____
(if multiple amounts exist, please add to Equity
approximate amount and enter on line above)

Savings or Money Market Accounts:

Approximate Amount: \$ _____
(If multiple accounts exist, please add to equal
Approximate amount and enter on line above)

Certificates of Deposit:

Total Approximate Value: \$ _____

Stocks & Bonds:

Total Approximate Value: \$ _____

Total Value of above Assets: \$ _____

Monthly Income

Social Security: \$ _____
Pension: \$ _____
Annuities: \$ _____
Rental or Real Estate: \$ _____

Interest: \$ _____
Dividends: \$ _____
Trust Income: \$ _____
Other Income: \$ _____

Total Monthly Income: \$ _____

Apartment Applying for: __A (1brm, 1bath) __B (1brm, 1+bath) __C (2 brm, 1bath) __D (2brm, 2bath)
Preferred Location: _____ 1st floor _____ 2nd floor _____ 3rd floor

In order for your application to be considered, it must be completed in full.

D. Guarantee of Payment

- I hereby certify that the information given is true and is representative of my financial condition.
- I hereby give Lasata Heights permission to verify the information given herein.
- I make this application for admission to Lasata Heights of my own free will, with the knowledge that I may change my mind at any time and request a refund of the wait list fee. I certify that the above information is true and complete to the best of my knowledge. I understand that any false statements or willful misrepresentation shall be cause for rejection of my application and may be grounds for dismissal from Lasata Heights, if admitted.

Signature of Applicant: _____ **Date:** _____
Signature of Applicant: _____ **Date:** _____

When are you looking to move in? (Approximate month): _____

How were you referred to us: _____