



Lasata Heights Application for Residency

Personal Information

Date Received

Name _____ SSN _____

Name _____ SSN _____

Address _____

City _____ State _____ Zip Code _____ Phone Number _____

Are you: Single Married Widowed Divorced

Date of Birth Month _____ Day _____ Year _____

Spouse Month _____ Day _____ Year _____

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

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 _____

City _____ State _____ Zip Code _____

Years in Ozaukee County _____

If you have children, please list:

Name _____ Relationship _____ Address/Phone _____

Name _____ Relationship _____ Address/Phone _____

Name _____ Relationship _____ Address/Phone _____

Financial Criteria

Do you presently own a home? Yes No If yes, what is the estimated value? _____

Do you own other property? Yes No If yes, what is the estimated value? _____

(OVER)

Financial Assets _____ Liabilities _____

Net Worth _____ Annual Income _____

List sources of income: (Please be complete, including amounts for social security, pensions, interest on savings, face value of CD's, money markets, etc.)

Apartment Applying for: A (1 brm, 1 bath) B (1 brm, 1 + bath) C (2 brm, 1 bath) D (2 brm, 2 bath)

Do you have power of attorney? Yes No

Is it activated? Yes No If yes, is it for: Finances Healthcare Both

How were you referred to us? _____

Social History (optional)

Your profession or occupation before retiring _____

What are your hobbies? _____

Were you in the service? Yes No Branch _____

In order for your application to be considered, it 1) must be completed in full 2) be returned with the wait list fee of \$500.00. Make checks payable to "Lasata Heights."

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 wilful misrepresentation shall be cause for rejection of my application and may be grounds for dismissal from Lasata Heights, if admitted.

By checking this box I agree to the terms in this form. Current Date

Please fill out the application, save it to your computer and submit the completed form on our website.

[Click here to open your web browser and go to the application upload form on our website](#)

You may also email this application to: bcarstens@co.ozaukee.wi.us Make sure to attach the completed application.

Prior to admission to Lasata Heights you will be required to sign this application. Any information shared on this application may be shared throughout Lasata Senior Campus for the purpose of admission to other parts of the campus.

Signature _____ Date _____

Signature _____ Date _____