



W78 N675 Wauwatosa Rd.  
Cedarburg, WI 53012

# Lasata Heights Senior Apartments

## Application for Residency

### Personal Information

Name: \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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: \_\_\_\_\_ 1<sup>st</sup> floor \_\_\_\_\_ 2<sup>nd</sup> floor \_\_\_\_\_ 3<sup>rd</sup> floor**

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

**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: \_\_\_\_\_**