



St. Francis Apartments

Distinctive Living for Seniors 62 and Over

851 University Drive West • Eau Claire, WI 54701 • 715-834-1338

Social Security Number

Date of Application

Application Form Confidential

I/We hereby apply for residency in St. Francis Apartments. I/We understand that acceptance of this application is dependent upon a reference check and future apartment openings.

Applicant #1: First Name _____ Middle Name _____

Last Name: _____

Applicant #2: First Name _____ Middle Name _____

Last Name _____

Current Address _____
(Street) (City & State) (Zip Code)

Phone Number: _____

Additional Phone Number: _____

Date of Birth: _____
(#1) (#2)

Choice of Accommodations:

Floor Level 1 _____

Floor Level 2 _____

Floor Level 3 _____

Garage _____

Parking Lot Parking _____

No Parking Space Needed _____

Anticipated Occupancy Date: _____

Income Information

Monthly Income

(Include all sources of income for yourself and anyone else in your household.)

1. **Social Security Benefits:**

Amount: \$ _____

2. **Pension/Retirement:**

Amount: \$ _____

3. **Other Income (please specify):**

Amount: \$ _____

(Examples: rental income, alimony, child support, veteran's benefits, etc.)

Total Monthly Household Income:

\$ _____

Housing History

Please check the box that applies to your current living situation:

- Renting
- Own Home
- Other: _____

Landlord/Current Housing Provider Name: _____

Landlord Phone Number: _____

Background Information

1. Have you ever been convicted of a felony, violent crime, or sex-related crime or offense?
 YES
 NO
2. Do you have any outstanding financial judgements?
 YES
 NO

References (not related to you): If you presently rent, please give your present landlord as the first reference.

Name:

Address:

Phone:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Health History: Please answer questions separately for each applicant.

1. How would you rate your general health? (circle one)

Applicant #1: Poor Fair Good Excellent

Applicant #2: Poor Fair Good Excellent

2. How many blocks can you walk without resting?

Applicant #1: _____ Applicant #2: _____

3. Do you use any of the following? (circle if applicable)

Applicant #1: Cane Crutches Walker Wheelchair

Applicant #2: Cane Crutches Walker Wheelchair

4. Do you have any problems caring for yourself? If so, please describe.

Applicant #1:

Applicant #2:

5. Do you have any of the following? (circle if applicable)

Applicant #1: Diabetes Arthritis Poor Hearing Heart Trouble High Blood Pressure
Shortness of Breath Poor Eyesight Contagious Disease Other _____

Applicant #2: Diabetes Arthritis Poor Hearing Heart Trouble High Blood Pressure
Shortness of Breath Poor Eyesight Contagious Disease Other _____

6. Physician Information

Applicant #1:

Name: _____ Address: _____ Phone: _____

Applicant #2:

Name: _____ Address: _____ Phone: _____

7. **IN CASE OF AN EMERGENCY OR ACCIDENT, CALL:**

Name: _____ Address: _____ Phone: _____

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Authorization for Release of Medical Information

I/We (Applicant #1) _____

(Applicant #2) _____

do hereby consent to authorize my/our physician(s) to disclose to St. Francis Apartments information from my/our physical records relating to my/our identity, diagnosis, prognosis, or treatment.

Applicant #1 Physician Name: _____

Physician Phone: _____

Applicant #2 Physician Name: _____

Physician Phone: _____

I/We understand that the specific type of information to be disclosed includes history, treatment, prescription; and that the purpose of need for this disclosure is to assist the management of St. Francis Apartments to evaluate said records, report or information to determine eligibility for residence at St. Francis Apartments.

This authorization for disclosure of information is:

_____ Effective from the date of this release is:

_____ Effective until _____.

(Date of expiration of authorization)

I/We also understand that this authorization, except to the extent that action has been taken in reliance thereon, is revocable, but only upon submitting such revocation in writing to the management of St. Francis Apartments.

Signatures:

Applicant #1: _____ Date _____

Applicant #2: _____ Date _____