



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 reference check and future apartment openings.

Applicant #1: Last Name _____ First _____ Initial _____

Applicant #2: Last Name _____ First _____ Initial _____

Address: _____

(Street)

(City and State)

(Zip Code)

Phone: () _____ Dates of Birth _____

#1

#2

Choice of Accommodations:

1. Apartment Number: _____ Monthly Rent: _____

Floor Level 1 _____

Floor Level 2 _____

Floor Level 3 _____

Other _____

Put on waiting list for: _____

2. Parking

Garage () _____

Reserved parking (\$75/yr.) _____ (Has plug-in)

Parking (No fee) _____ (No plug-in. Permit only)

No parking space needed _____

3. Entrance Fee

\$ _____ is due upon notification of acceptance to St. Francis. The balance of the entrance fee (\$ _____) is due upon move-in, unless special arrangements are made with the manager.

Anticipated occupancy date: _____

Confidential

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.

- How would you rate your general health?
Applicant #1: Poor () Fair () Good () Excellent ()
Applicant #2: Poor () Fair () Good () Excellent ()
- How many blocks can you walk without resting?
Applicant #1: _____ Applicant #2: _____
- Do you use any of the following:
Applicant #1: Cane () Crutches () Walker () Wheelchair ()
Applicant #2: Cane () Crutches () Walker () Wheelchair ()
- Do you have any problems caring for yourself? If so, please describe.
Applicant #1 _____

Confidential

Applicant #2 _____

5. Do you have: (Please indicate appropriate answer with Applicant number)

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

6. Name of Physician

Applicant #1 _____
Address _____
Phone _____
Applicant #2 _____
Address _____
Phone _____

7. In case of emergency or accident, call: (In order of preference)

Name	Address	Phone
_____	_____	_____
_____	_____	_____

8. List hospital of preference

Confidential

Financial Status:

While St. Francis Apartments does not have an income eligibility requirement for applicants, it is a policy of the Management that applicants have the financial resources for continued residency. Therefore, applicants are asked to indicate if their income from all sources (pension, social security, interest, dividends, etc.) is more than or less than \$12,000 for a one bedroom apartment or \$13,500 for a two bedroom apartment. If income is less than the appropriate amount, please explain what provisions you will make to provide for your financial needs while in residence at St. Francis Apartments.

1. One Bedroom Apartment

More than \$12,000 _____

• Less than \$12,000 _____

•(Explain) _____

2. Two Bedroom Apartment

More than \$13,500 _____

• Less than \$13,500 _____

•(Explain) _____

In case of death, who has legal authority to handle your affairs?:

Name

Address

I declare that the information contained herein is true and complete to the best of my knowledge. I understand that the Manager may contact any persons listed as references, including medical information from my physician. I further understand that this information is confidential and will be used by the Manager solely to process my application and will be relied upon only in determining my eligibility for residency.

Signature of Applicant

Date

(Signature of Spouse or other Applicant)

St. Franics Apartments
851 University Drive West
Eau Claire, Wisconsin 54701

Authorization for Release of Medical Information

I/We (Applicant 1) _____
(Applicant 2) _____

do hereby consent to and authorize my/our physician(s) to disclose to St. Francis Apartments information from my/our physicians 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. Franics 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 _____