



Independent Living Apartment Application

Thank you for your interest in Apostolic Christian Highland Oaks' independent living apartments. We have one studio unit, 12 one-bedroom units and 5 two-bedroom units. The monthly rent ranges from \$825-\$1,405.

Monthly rent includes:

- Electricity, gas, water, and sewer
- One meal per week/per tenant available to be used in our Apartment Dining Room
- Housekeeping for common areas and care of the grounds
- A laundry room on each floor for the tenants to share
- Lifeline emergency medical services
- Assistance in arranging for personal care services
- Outside parking

For an additional charge we also offer:

- Additional meals for \$4 each
- Housekeeping services for your apartment units
- Garage unit for \$50 per month

If you are interested in having your name placed on our waiting list, please complete and return this application packet. You can bring it to the business office, fax it to (847) 760-6224 or email it to akotschi@highlandoakselgin.org. If you have questions about the units or if you would like to schedule a tour, please feel free to contact me.

Sincerely,

Angela Kotschi
Social Service & Admission Coordinator



Application Agreement

Today's Date _____ Desired Admission Date _____

First Tenant Name _____

Second Tenant Name _____

Apartment Type: Efficiency One-Bedroom Two-Bedroom

Floor Level: Lower Floor Upper Floor

Garage Desired: Yes No

Agreement

I (we) understand and agree that my (our) application must be received and approved by the Board of Directors of Highland Oaks.

I (we) understand that each resident occupying the unit must fill out the "Resident Information" page of this application. I (we) also understand that my (our) personal physician will be contacted to determine if the residents occupying the apartment can live and function independently according to Highland Oaks' guidelines for acceptability.

It is agreed that Highland Oaks, its employees, or its Board of Directors shall not be held liable if this application is rejected.

First Tenant Signature _____ Date _____

Second Tenant Signature _____ Date _____

Board of Directors

Status: Accepted Rejected President Signature _____

Date _____ Administrator's Signature _____



Resident Information

First Tenant's Name _____ Gender _____

Social Security Number _____ Birth Date _____ Age _____

Address _____
Street City State Zip

Phone Number _____ Email _____

Marital Staus: Single Married Widowed Divorced

Ambulation: Walks Alone Uses Walker/Cane Wheelchair

Special Disabilities and Other Important Medical Information _____

Second Tenant's Name _____ Gender _____

Social Security Number _____ Birth Date _____ Age _____

Address _____
Street City State Zip

Phone Number _____ Email _____

Marital Staus: Single Married Widowed Divorced

Ambulation: Walks Alone Uses Walker/Cane Wheelchair

Special Disabilities and Other Important Medical Information _____



Physician Information

Name _____ Phone _____

Address _____
Street City State Zip

Pastoral Information

Church Affiliation _____ Religion _____

Pastor's Name _____ Phone _____

Emergency Contact Information

Name _____ Relation _____

Address _____
Street City State Zip

Email _____ Phone _____



Financial Information

Is tenant handling all financial and personal matters? Yes No

Is party authorized to handle all financial & personal matters? Yes No

If so, attach a copy of basis for authorization (e.g. power of attorney, trust agreement).

Financial Accounts	Amount	Monthly Income	Amount
Checking Accounts	\$ _____	Social Security	\$ _____
Savings Accounts	\$ _____	Pensions	\$ _____
Certificates of Deposit	\$ _____	Annuities	\$ _____
Stocks & Bonds	\$ _____	Other _____	\$ _____
Other _____	\$ _____	Total Monthly Income	\$ _____
Total of Accounts	\$ _____		

Real Estate

Net Worth (Value of Home less Amount Owed) \$ _____

Names on Title _____

I authorize Highland Oaks personnel to verify the information contained herein.

First Tenant Signature _____ Date _____

Second Tenant Signature _____ Date _____