



## Senior Living Apartment Application

Thank you for your interest in Apostolic Christian Highland Oaks' senior living apartments. We have one studio unit, 12 one-bedroom units and 5 two-bedroom units. The monthly rent ranges from \$825-\$1,445.

Monthly rent includes:

- Electricity, gas, water, and sewer
- One meal per week/per tenant
- Housekeeping for common areas and care of the grounds
- A laundry room on each floor for the tenants to share
- Lifeline emergency medical services
- Outside parking

For an additional charge, we also offer:

- Additional meals for \$4 each
- Garage unit for \$50 per month

Monthly rent does not include:

- Phone
- Cable
- Transportation

Please be aware that Apostolic Christian Highland Oaks does not provide nursing services to tenants of the senior living apartments.

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](mailto: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



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## Resident Information

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First Tenant's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Second Tenant's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Apartment Preference:  Efficiency  One-Bedroom  Two-Bedroom

Floor Level Preference:  Lower Floor  Upper Floor

Garage Desired?  Yes  No



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## Financial Information

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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).

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

### 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 \_\_\_\_\_



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## Application Agreement

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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.

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's Signature \_\_\_\_\_

Date \_\_\_\_\_ Administrator's Signature \_\_\_\_\_