



Senior Independent Living Apartment Application

Thank you for your interest in Apostolic Christian Highland Oaks' senior independent living apartments. We have one studio unit, 12 one-bedroom units and 5 two-bedroom units.

Monthly rent includes:

- Electricity, gas, water and sewer
- One meal per day, per tenant
- Housekeeping for common areas and care of the grounds
- A laundry room on each floor for the tenants to share
- Outside parking
- Secure facility with keypad entry

Additional fees:

- Additional meals for \$4 each
- Garage unit for \$50 per month, if available
- Extra person for \$100 per month

Monthly rent does not include:

- Phone
- Cable
- Transportation

2023 Monthly Rental Rates:

- One-bedroom: \$1,750
- Two-bedroom: \$2,000

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 for approval. You can bring it to the business office, fax it to (847) 760-6224 or email it to admissions@highlandoakselgin.org. If you have questions about the units or if you would like to schedule a tour, please feel free to contact us. Our phone number is (847) 741-4543.



Resident Information

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



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 _____