



## 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
- 31 meals per month, per tenant
- Housekeeping for common areas and care of the grounds
- A laundry room on each floor for the tenants to share
- Outdoor parking
- Secure facility with keypad entry
- Wireless Internet

Additional fees:

- Additional meals for \$4 each
- Garage unit for \$50 per month, if available
- Extra person for \$150 per month
- Guest meals for \$5 each

Monthly rent does not include:

- Phone
- Cable
- Transportation

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](mailto: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.



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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 \_\_\_\_\_