



Residency Application

Oakmont Senior Community is showcased online:

www.OakmontSeniorCommunity.com

If you haven't yet taken a tour, you may schedule an appointment by calling

608-653-1800

*Oakmont Senior Community is professionally managed by
Attic Angel Management Services, a not-for-profit corporation of Attic Angel Community.*

Mail or deliver your completed application to the following address:

Oakmont Senior Community
Attn: Resident Community Manager
841 North Main Street
Verona, WI 53593

Phone: (608) 653-1800
life@oakmontseniorcommunity.com

Thank you for your interest in Oakmont Senior Community!

OAKMONT SENIOR COMMUNITY APPLICATION

Confidential Personal Information

APPLICANT 1

Title: Mr. Mrs. Ms. Miss Dr. Prof.

Last Name _____ First Name _____ Middle Initial _____

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone (____) _____ cell phone? | Alternate (____) _____ cell phone?

Marital Status: Single Married Widowed Other

Email: _____

Birthdate: ____/____/____

Desired Occupancy Date Immediate Future Date, estimated at _____

EMERGENCY CONTACT for Applicant 1

Last Name: _____ First Name: _____

Relationship: Spouse Significant Other Sibling Son Daughter Friend Other

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone (____) _____ cell phone? | Alternate (____) _____ cell phone?

PREVIOUS ADDRESS

Previous Address: _____ City, State, Zip _____

Previous Landlord: _____ Length of Time: _____

Previous Rent Amount: _____ Previous Landlord Telephone Number: _____

APPLICANT QUESTIONNAIRE

Has a lawsuit been filed against you for delinquency? If yes, when? _____

Have you ever been evicted from an apartment? If yes, when? _____

Have you ever filed for bankruptcy? If yes, when? _____

Confidential Personal Information (continued)

LIVING OPTION(s) being considered

INDEPENDENT LIVING APARTMENTS

All units at Oakmont are smoke-free. Approved pets are welcome.

- Studio, 1 bath
- 1 Bedroom, 1 bath
- 1 Bedroom 1 bath, corner unit
- 1 Bedroom, 1 bathroom, den
- 2 Bedroom, 1 bathroom, corner unit
- 2 Bedroom, 2 bathroom
- 2 Bedroom, 2 bathroom, corner unit
- 2 Bedroom, 2 bathroom, den, corner unit

HOW DID YOU HEAR ABOUT OAKMONT SENIOR COMMUNITY?

Family/Friend Website Media Story Advertising Health Care Professional

Current Resident/Volunteer/Employee; if so, who? _____

Other _____

Confidential Personal Information

APPLICANT 2

Title: Mr. Mrs. Ms. Miss Dr. Prof.

Last Name _____ First Name _____ Middle Initial _____

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone (____) _____ cell phone? | Alternate (____) _____ cell phone?

Marital Status: Single Married Widowed Other

Email: _____

Birthdate: ____/____/____

EMERGENCY CONTACT for Applicant 2

Last Name: _____ First Name: _____

Relationship: Spouse Significant Other Sibling Son Daughter Friend Other

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone (____) _____ cell phone? | Alternate (____) _____ cell phone?

PREVIOUS ADDRESS

Previous Address: _____ City, State, Zip _____

Previous Landlord: _____ Length of Time: _____

Previous Rent Amount: _____ Previous Landlord Telephone Number: _____

APPLICANT QUESTIONNAIRE

Has a lawsuit been filed against you for delinquency? If yes, when? _____

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OAKMONT SENIOR COMMUNITY APPLICATION

Confidential Financial Statement

Purpose: This declaration is used to show conclusively each applicant's/couple's ability to maintain and meet financial obligations independently of outside assistance. Periodic updates to your application may be requested.

Applicant 1: _____ **Applicant 2:** _____

CURRENT SOURCES OF INCOME				
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	Applicant 1		Applicant 2	
Source	Monthly Income	Expected duration	Monthly Income	Expected duration
1. Employer	_____	_____	_____	_____
2. Social Security	_____	_____	_____	_____
3. Retirement Funds	_____	_____	_____	_____
4. Annuities	_____	_____	_____	_____
5. Interest/Dividends	_____	_____	_____	_____
6. Other	_____	_____	_____	_____
TOTAL INCOME →	_____		_____	←TOTAL INCOME

CERTIFICATION AND SIGNATURE

I certify that the information provided in this Oakmont Senior Community Application is complete and accurate to the best of my knowledge. My signature below signifies my pledge to Oakmont Senior Community that I will not impair, by gift or otherwise, my ability to meet my financial obligations while I am a resident. Misrepresentations and material omissions may be grounds for termination of the Resident Agreement.

Signature: Applicant 1

Date

Signature: Applicant 2

Date

Oakmont Senior Community is an Equal Housing Provider and an Equal Opportunity Employer.

FOR OFFICE USE ONLY

Approved by _____

Declined by _____

Date _____