



Steeple View

A Christian Senior Community

Application for Residency

12455 W Janesville Rd., Muskego, WI 53150

Phone: 414-525-5500 Fax: 414-525-5588

All information provided will be held in the strictest confidence.

Applicant's Name _____ Date of Birth ____/____/____

Address _____ City _____ State ____ Zip _____

Phone Number(____) _____ Marital Status ____ Soc. Security No. _____ - _____ - _____

Spouse/Co-Applicant's Name _____ Date of Birth ____/____/____

Address _____ City _____ State ____ Zip _____

Phone Number(____) _____ Marital Status ____ Soc. Security No. _____ - _____ - _____

Email Address: _____

Applicant Driver's License/State ID # _____

General Information

I/we are interested in unit type: (circle one) **A** **B** **C** **D** **E**

I/we are acceptable to a second choice of unit _____

Yes **No**

 Will there be any other people occupying the unit **other than those listed above?**

 Do you and/or your spouse/co-applicant have a financial manager? If yes, please provide:

Name _____ Phone _____

Address _____ City _____ State ____ Zip _____

Financial Information

Asset Information

To secure a residential unit at Steeple View, an entrance fee is required. Could you please list for us the assets that you hold that will enable you to make a \$10,000 deposit to hold your reservation and the balance of the entrance fee?

Description of Asset	Asset Value

Income and Expense Information

	Applicant	Co-Applicant
Social Security	\$ _____	\$ _____
Earned/Salary Income	\$ _____	\$ _____
Pensions	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

Total Monthly Income \$ _____

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MONTHLY EXPENSES

List all current monthly expenses over and above rent, mortgage and living expenses.

	Applicant	Co-Applicant
Insurance	\$_____	\$_____
Credit Card/Loans	\$_____	\$_____
Car Payment/Expense	\$_____	\$_____
Average Medical (not covered by insurance)	\$_____	\$_____
Other_____	\$_____	\$_____
Other_____	\$_____	\$_____

Total Monthly Expenses \$_____

Yes No

[] [] Will you and/or your spouse/co-applicant be responsible for your payment of bills?
If no, please provide responsible entity:

Name_____Phone_____

Address_____City_____State_____Zip_____

I/we hereby certify and warrant that all of the information given by me in this application is true and correct to the best of my knowledge and belief.

I/we hereby give Steeple View, Inc., the Owner, permission to verify with any person, persons and/or legal entity all the information submitted by me/us in this application.

I/we understand that Steeple View, Inc. only allows **caged birds and aquarium** fish as pets in the residential units.

I/we hereby grant Steeple View, Inc. permission to acquire a credit history report.

I/we understand that this form is only an application and the submission of this application does not reserve, nor in any way, guarantee a unit.

I/we hereby deliver \$ 1,000.00 to Steeple View, Inc. along with this application. The deposit to be refunded to me/us, if this application is not accepted.

Upon acceptance of this application, this deposit shall be applied to entrance fee and a Resident Agreement shall be offered by Steeple View upon availability of unit type requested.

The applicant, spouse and/or co-applicant hereby waives any claim for damages by reason of non-acceptance which the Owner may reject without stating any reason for so doing.

Steeple View, Inc. hereby states and hereby provides notice that it will process this application within twenty-one days from date of receipt of this fully completed application.

I/we hereby make application to become a resident of Steeple View. If this application is accepted before it is withdrawn, the undersigned will enter into a "Residency Agreement" and "Nonstandard Rental Provision Agreement".

I/we hereby acknowledge that at the time of delivery of this completed application to Steeple View, Inc., a copy of the "Resident Agreement" and "Rules and Regulations Handbook" will be forwarded to me/us.

In connection with my/our application for residency, I/we understand and agree investigative background inquiries are to be made on me/us and may include educational records/transcripts, employment verifications, consumer credit, criminal convictions, motor vehicle, worker's compensation and other records and reports. I/we understand information may be requested from federal, state and local governmental agencies, credit and educational institutions as required.

I authorize without reservation, any party or agency contacted by Steeple View, to furnish the requested information and release all parties involved from any liability in conjunction with this background check. I hereby consent to the release of said information and release Steeple View and DataFacts, Inc. and/or any of their agents from any and all liability. This authorization/consent shall be valid in original, fax or copy form.

I understand that full, complete and accurate personal information is necessary for an accurate background check and realize that any omission, deletion or falsification may result in my/our application being rejected. I understand that a prior criminal conviction will not automatically result in disqualification but will be evaluated along with other relevant information.

Applicant's Signature _____ Date _____

Spouse/Co-Applicant's Signature _____ Date _____

This facility does not discriminate on the basis of race, color, religion, national origin, sex, handicap or familial status.

