



Initial Application Form

Date _____ Time _____

Thank you for your interest in Oak Hills Assisted Living Apartments. By completing this application, you are confirming your interest for an apartment at Oak Hills. This information will be held in strictest confidence by our administration office. Once completed, return the application to us at: 1314 8th St. N, New Ulm, MN 56073. Please contact us at: 507-233-0818 with any additional questions.

General Information

Name _____

Check One- Preferred Move in Date?

Raring to Go (6 Months or Less) In No Rush (6 Months or more) _____

Preferred Date for move in: _____

Current Home Address _____

City _____ State _____ Zip _____

Telephone _____ Mobile _____ Email _____

How did you hear about Oak Hills? Relative Friend Radio Newspaper Website

Medical Provider Pastor Other _____

Contact Information (Children or closest relative)

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Mobile _____

Designated Representative or Power of Attorney (Please circle which one applies if applicable)

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Mobile _____ Email _____

Long Term Care Consultation Number _____

What source or sources will be used for paying rent and/or services? (please check all that apply)

Social Security Pension Retirement Funds Personal Savings Elderly Waiver (HUD)

Other Income Source _____

How long would your source or sources of income pay for the rent and/or services at Oak Hills?

12 months or less 12-36 months over 36 months

I certify all information is accurate:

Signature of Resident: _____ **Date:** _____

Signature of Responsible Party (if applicable): _____ **Date:** _____

Relationship to Resident: _____

FOR OFFICE USE ONLY:

Application date: _____	Application Time: _____
Desired Move In Date: _____	
Application Received by: _____	date/time: _____
_____ Accepted	
_____ Declined	

Attachment: HUD Income Statement