



LA CROSSE COUNTY

Carroll Heights

3505 Park Lane Dr LaCrosse, WI 54601

Independent Senior (62+) Application

Applicant Information		
Name:		
Date:	Date of Birth:	Phone:
Current address:		
City:	State:	ZIP Code:
Own or Rent	Monthly payment or rent:	How long?
Previous address:		
City:	State:	ZIP Code:
Own or Rent	Monthly payment or rent:	How long?
List Children and/or others to be contacted in the event of an emergency:		
NAME	RELATIONSHIP	PHONE NUMBER
SIZE OF APARTMENT DESIRED- CHECK ALL SIZES YOU ARE INTERESTED IN.		
<input type="checkbox"/> studio	<input type="checkbox"/> Large 1 bedroom	
<input type="checkbox"/> small 1 bedroom	<input type="checkbox"/> 2 bed 1 bath	
<input type="checkbox"/> medium 1 bedroom	<input type="checkbox"/> 2 bed 2 bath	
Co-applicant Information		
Name:		
Date of birth:	Phone:	
Current address:		
City:	State:	ZIP Code:
Own or Rent	Monthly payment or rent:	How long?
Previous address:		
City:	State:	ZIP Code:
Own or Rent	Monthly payment or rent:	How long?

Please answer the following questions by circling "YES" or "NO":

Has applicant(s) named above ever been convicted of a crime?	YES	NO
Are applicant(s) named above U.S. citizens?	YES	NO
Has applicant(s) ever been evicted or asked to leave?	YES	NO
Are you interested in a Carport?	YES	NO

EXPLAIN:

CRITERIA FOR OCCUPANCY:

Tenants must conduct themselves in a manner which will not disturb their neighbor's peaceful enjoyment of their accommodations and will be conducive to maintain the complex in a decent, safe (not a danger to self or others), sanitary manner: Payment of rent in the first 5 business days of every month. Abide by the lease agreement.

REFERENCES: (name & phone number)

- 1.
- 2.

Have you ever lived in another state?	YES	NO	If yes, when?
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The purpose of this application is to determine whether I qualify as a tenant. If my application is approved, the Landlord and I may sign a written lease. I have no rental agreement with the Landlord before the time of the lease signing. I hereby authorized the Manager to investigate my credit/financial responsibility, income, rental, background check and eviction history. My performance under any lease or rental agreement that I may enter into with the manager may be reported to such a reporting agency. I acknowledge that the Manager and the agents and employees thereof represent the interests of the Landlord, but they also have a duty to treat all parties fairly and in accordance with fair housing law, and to disclose material adverse facts about the property. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties. I understand that my occupancy is contingent on meeting management's resident selection criteria.

- * We do a criminal background check/credit check on all applicants.**
- * We are a smoke free campus-NO SMOKING on our campus grounds.**
- * We do not accept pets.**

Have you ever resided at Hillview Health Care Center?	YES	NO
How did you hear about us?		

Signature of applicant:	Date:
Signature of co-applicant:	Date: