

**Fox Valley Lutheran Homes Waiting List Application**

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse / Partner \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

What type of apartment are you looking for ?

\_\_\_\_\_ 1 bedroom / 1 bath \_\_\_\_\_ 2 bedroom / 1 bath \_\_\_\_\_ 2 bedroom /1-1/2 baths

If possible, which floor would you prefer? \_\_\_\_\_ 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3rd

Front preference? \_\_\_\_\_ Facing park (East) \_\_\_\_\_ Facing backyard (West)

Parking preference \_\_\_\_\_ (Y / N) Need parking \_\_\_\_\_ Underground parking \_\_\_\_\_ Garage parking

FVLH has a pet policy, what kind of pets do you have? \_\_\_\_\_

What is your current living situation? \_\_\_\_\_

When would you like to move in? \_\_\_\_\_

Do you understand FVLH is independent living? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you understand FVLH is a non-smoking building? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you use any of the following?

\_\_\_\_\_ Wheel Chair \_\_\_\_\_ Cane \_\_\_\_\_ Hearing Aide(s)

\_\_\_\_\_ Walker \_\_\_\_\_ Lifeline \_\_\_\_\_ Seat for tub \_\_\_\_\_ Visually Impaired Equipment

Are there any other considerations we should know about? \_\_\_\_\_

(We have a Care Coordinator who can assist you with finding appropriate assistance/help if necessary to allow you to live safely and independently)

I understand that it is the policy of FVLH to do a credit, eviction history and background check on prospective tenants as part of the approval process. \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Signature

Date Received \_\_\_\_\_ Employee Accepting Application \_\_\_\_\_

Provide Prospective Tenant a Copy and Maintain a Copy for FVLH Records