



Assumption Community

Welcome Home

Application for Occupancy

Asher Haus

717 First Street North
Cold Spring, MN 56320

PH: 320.348.2350 FAX: 320.685.3401 TTY/TTD Users Dial: 711

Welcome to Assumption Community! We ask that you fill out this application for occupancy, sign and date as requested and return to Asher Haus.

Date of preferred move in, if accepted for occupancy: _____

APPLICANT CONTACT INFORMATION:

Name _____ Date _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Email Address _____

Senior LinkAge Line Long-term Options Counseling Verification Number _____
(You may contact the Senior Linkage Line at 1-800-333-2433)

How did you hear about Asher Haus? _____

POTENTIAL TENANT INFORMATION:

| Name; First, MI, Last | Relationship to head of household. | Sex | Birthdate | Social Security # |
|-----------------------|------------------------------------|-----|-----------|-------------------|
| | | | | |

Assumption Community is a Tobacco Free Community. Tobacco use of any kind is prohibited in all areas of the building and grounds. I verify that by initialing in the space provided that I understand this policy of Assumption Community and agree if accepted for occupancy that I will comply. Initials _____

Assumption Health Services offers a complimentary nursing assessment provide by a Registered Nurse. This is completed prior to the date in which you sign a contract with Asher Haus or prior to move in whichever is earlier. Would you like to receive this complimentary nursing assessment to determine potential health service needs and cost of service? YES _____ NO _____

Does the potential tenant have a diagnosis of Alzheimer's Disease or another form of dementia?
YES _____ NO _____ If yes, what is the diagnosis? _____
Symptoms related to dementia diagnosis/behavioral concerns related to care needs and safety: _____

BACKGROUND OF POTENTIAL TENANT

1. Please list the following information on dwellings you have rented during the past five years.

| Address of unit | Owner or Managers name and address |
|-----------------|------------------------------------|
| | |
| | |



2. Have you ever been evicted from a rental dwelling? YES_____ NO_____
3. Have you ever been convicted of a felony offense? YES_____ NO _____

If yes, please list the nature, date and location of the offense.

4. Are you currently subject to a registration requirement as a predatory offender? YES____ NO ____
5. Do you currently use illegal drugs or abuse alcohol? YES _____ NO _____
6. Do you now, or have you ever used any aliases? YES _____ NO_____
7. List any Counties and States you have resided in during the past 10 years _____

8. List the name and address of two credit references:

REASONABLE ACCOMODATION REQUEST:

If you are disabled, please request any reasonable accommodations you wish to be made that may help you access or use Asher Haus’s housing programs or services.

CERTIFICATION/RELEASE OF INFORMATION

I certify that all information contained in this application is true and accurate to the best of my knowledge. I authorize release of any and all information in this application to Asher Haus and/or its designee.

Applicant Signature _____ **Date** _____

Applicant Signature _____ **Date** _____

This is a preliminary application and is not binding. You will be notified as soon as possible about the availability of an apartment. You will need to attend a personal interview and provide verification of identity and age. Reference checks are made and Assumption Community reserves the right to reject applicants solely on negative references. Telephone, Cable TV, Heat, Water and Trash are included in the rent. Health Services costs are separate charges payable with rent each month. Assumption Community is proud to be a tobacco-free campus.

| | | |
|-----------------------------------|---------------------------------|--------------------------------|
| For internal use only: | | |
| Received by: _____ | Date: _____ | |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | Date Applicant Notified: _____ |

