



Olympic Village
At Sun Prairie

Residency Application

Olympic Village at Sun Prairie is showcased online:

www.OlympicVillageSP.com

If you haven't yet taken a tour, you may schedule an appointment by calling

608-662-8842 (Attic Angel Community Reception)

*Olympic Village at Sun Prairie is professionally managed by
Attic Angel Management Services, a not-for-profit corporation of Attic Angel Community.*

Mail or deliver your completed application to the following address:

Olympic Village Inc.
Attn: VP/Managed Services
1000 Hunters Trail
Sun Prairie, WI 53590

Phone: (608) 662-8822
life@olympicvillageSP.com

Thank you for your interest in Olympic Village!

OLYMPIC VILLAGE APPLICATION

Confidential Personal Information

APPLICANT 1

Title: Mr. Mrs. Ms. Miss Dr. Prof.

Last Name _____ First Name _____ Middle Initial _____

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone (____) _____ cell phone? | Alternate (____) _____ cell phone?

Marital Status: Single Married Widowed Other

Email: _____ Birthdate: ____/____/____

Desired Occupancy Date Immediate Future Date, estimated at _____

EMERGENCY CONTACT for Applicant 1

Last Name: _____ First Name: _____

Relationship: Spouse Significant Other Sibling Son Daughter Friend Other

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone (____) _____ cell phone? | Alternate (____) _____ cell phone?

APPLICANT 2

Title: Mr. Mrs. Ms. Miss Dr. Prof.

Last Name _____ First Name _____ Middle Initial _____

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone (____) _____ cell phone? | Alternate (____) _____ cell phone?

Marital Status: Single Married Widowed Other

Email: _____ Birthdate: ____/____/____

EMERGENCY CONTACT for Applicant 2

Last Name: _____ First Name: _____

Relationship: Spouse Significant Other Sibling Son Daughter Friend Other

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone (____) _____ cell phone? | Alternate (____) _____ cell phone?

Confidential Financial Statement

Purpose: This declaration is used to show conclusively each applicant's/couple's ability to maintain and meet financial obligations independently of outside assistance. This statement is not used as a basis for establishing life lease fees or monthly charges, as these charges are established by the Olympic Village Board of Directors at the beginning of each fiscal year and are based on the cost of operation. Periodic updates to your application may be requested.

Applicant 1: _____ **Applicant 2:** _____

CURRENT SOURCES OF INCOME

	Applicant 1		Applicant 2	
	Source	Monthly Income	Expected duration	Monthly Income
1. Social Security	_____	_____	_____	_____
2. Retirement Funds	_____	_____	_____	_____
3. Annuities	_____	_____	_____	_____
4. Interest/Dividends	_____	_____	_____	_____
5. Earned Income	_____	_____	_____	_____
6. Other	_____	_____	_____	_____
TOTAL INCOME →	_____			← TOTAL INCOME

CURRENT ASSETS – both applicants combined
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Real Estate

Location	Remaining Mortgage Balance	Market Value
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

Investments (stocks/bonds, trusts, portfolios, etc.)

Source	Date of Value	Market Value
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

Financial Institution Accounts

Name	Amount
a. _____	_____
b. _____	_____
c. _____	_____

Other

Name	Amount
a. _____	_____
b. _____	_____
c. _____	_____

TOTAL ASSETS _____ **Are any of the above assets held in a trust?** yes no

DEBTS, LIABILITIES & FINANCIAL OBLIGATIONS

Name	Amount
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____

TOTAL LIABILITIES _____

NET WORTH (Assets minus Liabilities): _____

CERTIFICATION AND SIGNATURE

I certify that the information provided in this Olympic Village Application is complete and accurate to the best of my knowledge. My signature below signifies my pledge to Olympic Village that I will not impair, by gift or otherwise, my ability to meet my financial obligations while I am a resident. Misrepresentations and material omissions may be grounds for termination of the Resident Agreement. I understand the admission and retention criteria and acknowledge my awareness that an accepted application does not guarantee placement.

Signature: Applicant 1

Date

Signature: Applicant 2

Date

Olympic Village is an Equal Housing Provider and an Equal Opportunity Employer.

FOR OFFICE USE ONLY

Approved by _____

Declined by _____

Date _____