



**Olympic Village**  
At Sun Prairie

## **Residency Application**

Olympic Village at Sun Prairie is showcased online:

*[www.OlympicVillageSP.com](http://www.OlympicVillageSP.com)*

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

**608-662-8842** (Attic Angel Reception)

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

*All applications require a \$1,000 **refundable** deposit to get on the waitlist.  
In the event your application is not approved or you remove yourself from the waitlist, your deposit  
will be returned. Upon move-in, the fee will be applied to your first and second month's expenses.*

Mail or deliver your completed application, along with a \$1,000 check made out to Olympic Village Inc., to the following officer, who will review your application:

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

Phone: (608) 662-8822  
[life@olympicvillageSP.com](mailto: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:** \_\_\_\_\_

<b>CURRENT SOURCES OF INCOME</b>
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	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	_____	_____	_____	_____
<b>TOTAL INCOME</b> →	_____			_____
				<b>←TOTAL INCOME</b>

<b>CURRENT ASSETS – both applicants combined</b>
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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 \_\_\_\_\_