



# RESERVATION AGREEMENT

Name of Resident(s): \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Family Contact/Representative: \_\_\_\_\_

Family Contact/Representative Phone Number: \_\_\_\_\_

Family Contact/Representative Email: \_\_\_\_\_

The above named Resident(s) hereby reserves Unit # \_\_\_\_\_ at The Legacy of DeForest for occupancy within 30 days for a monthly fee of \$\_\_\_\_\_. Resident(s) anticipates they will move in as:

- Independent     Assisted Living     Closer Care

The above named Resident(s) hereby reserves a Unit on the The Legacy of DeForest waitlist. Resident(s) anticipates they will move in as:

- Independent     Assisted Living     Closer Care

Resident(s) hereby deposits \$250.00 to reserve a Unit until actual occupancy occurs. The deposit will be deposited into the account without any obligation for the payment of interest.

Upon occupancy, the deposit will be applied toward the security deposit required under the Occupancy Agreement.

If Resident(s) are on the waitlist for a Unit and the Unit becomes available, the Resident(s) have 48 hours from the time of contact to indicate whether or not to accept occupancy of that Unit. If Resident(s) do not choose to occupy the Unit offered, they will remain in the same spot on the waitlist.

The reservation deposit shall be refunded in full if this Reservation Agreement is canceled by the Resident's written request for cancellation. The Legacy of DeForest also reserves the right to cancel a reservation deposit at their own discretion.

Resident(s) must meet the residency requirements as outlined in The Legacy of DeForest's admission paperwork, credit application, assessment and policies and procedures. The Reservation Agreement does not guarantee a Resident occupancy at The Legacy of DeForest.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_

Resident(s) Signature: \_\_\_\_\_

The Legacy of DeForest Representative Signature: \_\_\_\_\_

Please Make Your Check Payable to The Legacy of DeForest.

**THE LEGACY OF DEFOREST**

**Medical Release of Information**

Resident's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physician Name and Location: \_\_\_\_\_

**Authorization to Furnish Medical Information**

**TO WHOM IT MAY CONCERN:** The above Community has permission to receive all past, present, and future information on my physical and mental background. This includes all history findings, diagnoses, prognosis, and hospital records, which will be kept confidential and stored in my file within the Community. A photocopy of this authorization may serve the same purpose as the original copy. My signature indicates that I understand all preceding information and I agree to the terms.

\_\_\_\_\_  
Resident's Signature Date

\_\_\_\_\_  
Designated Responsible Person's Signature (if applicable) Date

\_\_\_\_\_  
Relationship to Resident

\_\_\_\_\_  
Witness/Community Representative Date

**THE LEGACY OF DEFOREST - DEFOREST  
PROSPECTIVE TENANT APPLICATION**

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**STATEMENTS**

- **This document is not a contract. The purpose of this application is to assist The Legacy of DeForest in deciding whether to rent to prospective Tenant(s). Receipt of this application by prospective Tenant(s) does not obligate The Legacy of DeForest to deliver occupancy of any unit.**
- All applicants must be 55 years of age or older.
- *Equal Housing Opportunity* – The Legacy of DeForest reserves the right to accept or reject any prospective Tenant for admission. Guidelines for acceptance and participation in
- programs are the same for everyone without regard to race, sex, religion, color, sexual orientation, national origin or ancestry, age, disability, marital status or physical appearance, or any other basis prohibited by local, state or federal laws, rules or regulations. The Legacy of DeForest is an Equal Housing Opportunity community that adheres to all state and federal fair housing laws.
- Tenants must also meet residency requirements as outlined in The Legacy of DeForest Occupancy/Agreement.
- We are a smoke and weapons free community.
- We are ADA compliant.

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**TYPE OF LIVING**

Assisted Living (No Services)  Assisted Living  Closer Care  Respite

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**PROSPECTIVE TENANT(S) INFORMATION**

Tenant Name #1: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
SSN# \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Marital Status:  Single  Married  Widow  Widower  
Former Occupation: \_\_\_\_\_  
Veteran:  Yes  No                      Pets:  Yes  No                      Funeral Home: \_\_\_\_\_

Tenant Name #2: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
SSN# \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Marital Status:  Single  Married  Widow  Widower  
Former Occupation: \_\_\_\_\_  
Veteran:  Yes  No                      Pets:  Yes  No                      Funeral Home: \_\_\_\_\_

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**RESIDENCE HISTORY**

**Please supply your most recent housing history. You may be asked to fill out a rental verification form upon request by The Legacy of DeForest.**

I currently own my home.  I am currently renting or have rented in the past 10 years.

**PRESENT ADDRESS:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Dates Lived at Present Address:** \_\_\_\_\_

**PREVIOUS ADDRESS:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Dates Lived at Present Address:** \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## **FINANCIAL INFORMATION**

It is important for you to understand that The Legacy of DeForest is a private pay residence and you are expected to pay for your cost of care with your own funds. Public funding such as Medicaid, Medicare, Managed Care Organizations (MCO) funds or other types of public funding may NOT be available to pay for your continued care costs if you are to run out of funds. Before you become a Tenant of our facility, you should be aware that if you can no longer pay for the cost of your care, you would most likely be discharged from our facility because of lack of funds. All prospective Tenants MUST fill out this Section.  Long – Term Care Policy

Source of Income	Tenant #1	Tenant #2 (if applicable)
	Please indicate if dollar amount is a monthly/annual/or lump sum.	
Social Security Income/Private Pension		
Retirement Income		
Checking/Savings		
Stocks/Bonds/CD's/Mutual Funds		
Annuities/IRA/401(k)		
Dividends and Interest		
Other:		

## **ATTESTATION**

I understand that all information in this application, including information disclosed on this application and in my Rental History Verification (if applicable), will be used to determine my eligibility for admission. I may be required to update this application at The Legacy of DeForest's request. I declare all information included in this application is true and complete to the best of my knowledge and that my tenancy may be terminated if I have made any false, misleading or incomplete statements in this application.

Tenant Name #1 Signature: \_\_\_\_\_ Date

Tenant Name #2 Signature: \_\_\_\_\_ Date

Signature of Preparer if not Tenant: \_\_\_\_\_

Relationship to Tenant (i.e. spouse, guardian, POA, etc): : \_\_\_\_\_

### **FOR OFFICE USE ONLY**

Screening Completed:  Yes  No Date: \_\_\_\_\_ Accepted  Denied

Rental Verification (if applicable):  Yes  No Date: \_\_\_\_\_ Accepted  Denied