



Carroll Heights Apartments

Owned and Operated by:

County of La Crosse, Wisconsin

3505 Park Lane Drive • La Crosse, Wisconsin 54601-7769

(608) 785-5555 • FAX: (608) 785-5558

Web Site: <http://www.lacrossecounty.org/hillview/Carroll%20Heights/>

How did you hear of us?

CARROLL HEIGHTS Apartments

Independent Senior (62+)

APPLICATION

****please provide a copy
of driver's license or ID card
for all applicants**

Date of application/ Rec'd _____

Desired Move in Date is? _____

1) First, middle and last Name of Applicant #1 _____

Applicant #2 _____

Any other names previously gone by: _____

2) Current Address _____

3) Current Telephone Number _____

E-Mail address _____

4) Date of Birth Applicant #1 _____ Date of Birth Applicant #2 _____

5) List Children and/or Others to be contacted in the event of an emergency:

Name	Relationship	Address	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6) Size of Apartment Desired-Indicate 1st and 2nd Choice:

_____ Studio (\$378-\$399)	_____ Sm 1 Bedrm (\$493)	_____ 2 Bedrm (\$765- \$854)
	_____ Med 1 Bedrm (\$529-\$571)	
	_____ Lg 1 Bedrm (\$640-\$728)	_____ 2 Bedrm 2 Bathrm (\$784-\$846)

7) Will you need parking space _____ Yes _____ No Carport _____ Yes _____ No

Yes _____ No _____

Has applicant(s) named above ever been convicted of a crime?

_____ Are applicant(s) named above U.S. Citizen?

_____ Has applicant(s) ever been evicted or asked to leave?

Explain _____

CRITERIA for OCCUPANCY:

Tenants must conduct themselves in a manner which will not disturb their neighbor’s peaceful enjoyment of their accommodations and will be conducive to maintaining the complex in a decent, safe (not a danger to self or others), sanitary manner; Payment of rent in the first 5 business days of every month. Abide by the lease agreement.

Rental History: leave blank if always been a homeowner

Previous Address _____
Rent: _____ From (date) _____ To (date) _____
Landlord name: _____ Phone # _____

Previous Address _____
Rent: _____ From (date) _____ To (date) _____
Landlord name _____ Phone # _____

Employment History:

Previous Place of Employment or current: _____
Other sources of income: _____

References: (name & phone #)

- 1. _____
- 2. _____

Have you ever lived in another state? _____ If yes: time frame? _____

The purpose of this application is to determine whether I qualify as a tenant. If my application is approved, the Landlord and I may sign a written lease. I have no rental agreement with the Landlord before the time of the lease signing. I hereby authorize the Manager to investigate my credit/financial responsibility, income, rental, background check and eviction history. My performance under any lease or rental agreement that I may enter into with the manager may be reported to such a reporting agency.

I acknowledge that the Manager and the agents and employees thereof represent the interests of the Landlord but they also have a duty to treat all parties fairly and in accordance with fair housing law, and to disclose material adverse facts about the property. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties. I understand that my occupancy is contingent on meeting management’s resident selection criteria.

***We do a criminal background check/credit check on all applicants**

***We are a smoke free campus-NO SMOKING on our grounds**

***We do not accept pets**

Have you ever resided at Hillview Health Care Center? _____

Signature(s) _____ Date _____