



**THE HERITAGE APARTMENTS
AT LYNGBLOMSTEN
1440 MIDWAY PARKWAY
ST. PAUL, MN 55108
www.lyngblomsten.org
651-632-5428**



\$1,000 REFUNDABLE DEPOSIT REQUIRED TO BE ON WAITING LIST.

Home Health Services available at additional cost.

Twenty (20) Mandatory Meals per month at cost.

APPLICANT NAME _____
 APPLICANT ADDRESS _____
 CITY/STATE _____ ZIP _____
 PHONE () _____ BIRTHDATE _____
 CO-APPLICANT _____ BIRTHDATE _____
 CHURCH MEMBERSHIP _____
 CHURCH ADDRESS _____
 CITY/STATE _____ ZIP _____
 EMERGENCY CONTACT PERSON _____
 CONTACT ADDRESS _____
 CITY/STATE _____ ZIP _____
 HOME PHONE () _____ WORK PHONE () _____
 RELATIONSHIP _____

What is your present housing situation? ___Rent ___ Own
 Present Landlord _____ Phone () _____
 Previous Landlord _____ Phone () _____
 Live with family _____ Other _____
 Do you have a pet? ___Yes ___ No
 Are you applying for a handicap accessible unit? ___Yes ___ No
 What size apartment would you prefer?
 ___Efficiency ___ 1 Bedroom ___ 2 Bedroom

ENCLOSED IS MY CHECK FOR \$1,000 MADE PAYABLE TO
THE HERITAGE APARTMENTS, INC.

APPLICANT DATE _____

CO-APPLICANT DATE _____

PLEASE SIGN SECOND PAGE (DEPOSIT RECEIPT FORM)



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THE HERITAGE APARTMENTS
DEPOSIT RECEIPT

Received from _____; the sum of \$1,000 as a deposit to be applied against the first month's bill due for tenancy at The Heritage Apartments at Lyngblomsten. All subject to the following:

1. The Heritage Apartments reserves the right to invest, deposit, and retain earnings received on said deposit.
2. The deposit reserves an apartment for the applicant when appropriate size unit is available for occupancy.
3. Applicant does not lose their place on the waiting list when a unit is turned down.
4. Deposit will be refunded in the form of a check and applicant's name removed from the Waiting List if the following happens:
 - a. Manager of The Heritage is notified, in writing, of the applicant's wish to be removed from list;
 - b. Manager of The Heritage is notified, in writing, by family member of permanent placement of applicant in skilled care facility; or
 - c. Manager of The Heritage is notified, in writing, by family member that applicant has passed away.

APPLICANT/S

DATE _____

THE HERITAGE APARTMENTS REPRESENTATIVE

DATE _____