



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



MED REC. # \_\_\_\_\_

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**\$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.

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**APPLICANT NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ M/F**

**SPOUSE/CO-APPLICANT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ M/F**

**APPLICANT/S ADDRESS \_\_\_\_\_**

**CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_**

**HOME PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_**

**1<sup>st</sup> EMERGENCY CONTACT PERSON \_\_\_\_\_**

**ADDRESS \_\_\_\_\_**

**CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_**

**HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_**

**CELL PHONE ( ) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_**

**2<sup>nd</sup> EMERGENCY CONTACT PERSON \_\_\_\_\_**

**ADDRESS \_\_\_\_\_**

**CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_**

**HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_**

**CELL PHONE ( ) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_**

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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.

\_\_\_\_\_  
DATE \_\_\_\_\_

APPLICANT

\_\_\_\_\_  
DATE \_\_\_\_\_

CO-APPLICANT

**PLEASE SIGN SECOND PAGE (DEPOSIT RECEIPT FORM)**



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**THE HERITAGE APARTMENTS  
DEPOSIT RECEIPT**

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Received from \_\_\_\_\_; the sum of \$1,000 as a deposit to be applied toward the Security Deposit when the tenant has move into 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; or
  - 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 or executor of the estate that applicant has passed away. Copy of the Death Certificate may be required.

\_\_\_\_\_  
APPLICANT/S

DATE\_\_\_\_\_

\_\_\_\_\_  
THE HERITAGE APARTMENTS REPRESENTATIVE

DATE\_\_\_\_\_