



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



MED REC. # _____

\$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 _____ BIRTHDATE _____ M/F

SPOUSE/CO-APPLICANT _____ BIRTHDATE _____ M/F

APPLICANT/S ADDRESS _____

CITY/STATE _____ ZIP _____

HOME PHONE () _____ CELL PHONE () _____

1st EMERGENCY CONTACT PERSON _____

ADDRESS _____

CITY/STATE _____ ZIP _____

HOME PHONE () _____ WORK PHONE () _____

CELL PHONE () _____ RELATIONSHIP _____

2nd EMERGENCY CONTACT PERSON _____

ADDRESS _____

CITY/STATE _____ ZIP _____

HOME PHONE () _____ WORK PHONE () _____

CELL 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.

_____ DATE _____

APPLICANT

_____ DATE _____

CO-APPLICANT

PLEASE SIGN SECOND PAGE (DEPOSIT RECEIPT FORM)



**THE HERITAGE
AT LYNGBLOMSTEN
1440 MIDWAY PARKWAY
ST. PAUL, MN 55108**



**THE HERITAGE APARTMENTS
DEPOSIT RECEIPT**

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 _____