



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 Noel Manor Retirement Living for occupancy within 30 days for a monthly fee of \$_____. Resident(s) anticipates they will move in as:

RCAC Independent RCAC Assisted Living CBRF Closer Care

The above named Resident(s) hereby reserves a Unit on the Noel Manor Retirement Living waitlist. Resident(s) anticipates they will move in as:

RCAC Independent RCAC Assisted Living CBRF 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. Noel Manor Retirement Living also reserves the right to cancel a reservation deposit at their own discretion.

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

Dated this _____ Day of _____

Resident(s) Signature: _____

Noel Manor Retirement Living Representative Signature: _____

Please Make Your Check Payable to Noel Manor Retirement Living.

Independent & Assisted Living

471 Prairie Way Blvd. • Verona, WI 53593
608-620-6010 • NoelManorLiving.com

Closer Care

435 Prairie Oaks Dr. • Verona, WI 53593
608-729-9001 • NoelManorLiving.com

NOEL MANOR - VERONA

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

**NOEL MANOR RETIREMENT LIVING – VERONA
PROSPECTIVE TENANT APPLICATION**

STATEMENTS

- **This document is not a contract. The purpose of this application is to assist Noel Manor in deciding whether to rent to prospective Tenant(s). Receipt of this application by prospective Tenant(s) does not obligate Noel Manor to deliver occupancy of any unit.**
- All applicants must be 55 years of age or older.
- *Equal Housing Opportunity* – Noel Manor 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. Noel Manor 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 Noel Manor's Occupancy/Agreement.
- We are a smoke and weapons free community.
- We are ADA compliant.

TYPE OF LIVING

Assisted Living (No Services) Assisted Living Memory Care Respite

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: _____

RESIDENCE HISTORY

Please supply your most recent housing history. You may be asked to fill out a rental verification form upon request by Noel Manor.

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 Noel Manor 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 Noel Manor'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