



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



MED REC. # _____

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

APPLICANT NAME _____ **BIRTHDATE** _____ **M/F**
SPOUSE/CO-APPLICANT _____ **BIRTHDATE** _____ **M/F**
APPLICANT/S ADDRESS _____
CITY/STATE _____ **ZIP** _____
EMAIL ADDRESS _____

HOME PHONE () _____ **CELL PHONE ()** _____
1st EMERGENCY CONTACT PERSON _____
ADDRESS _____
CITY/STATE _____ **ZIP** _____
EMAIL ADDRESS _____

HOME PHONE () _____ **WORK PHONE ()** _____
CELL PHONE () _____ **RELATIONSHIP** _____
2nd EMERGENCY CONTACT PERSON _____
ADDRESS _____
CITY/STATE _____ **ZIP** _____
EMAIL ADDRESS _____

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 do 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

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 SIGNATURES

DATE _____

REPRESENTATIVE, THE HERITAGE APARTMENTS

DATE _____