



Apostolic Christian Resthaven

2750 W. Highland Ave.

Elgin, Illinois 60124

(847) 741-4543

Thank you for your inquiry regarding our apartment units, which are attached to our nursing home. We currently have 18 apartments, which include 12 single-bedroom units, five two-bedroom units, and one studio unit for temporary housing or a guestroom for out-of-town visitors. These are rented on a monthly basis averaging \$1044/month for the single units and \$1177/month for the double units. Each unit has a kitchen; however, approximately 50 meals per year are provided, and additional meals served in the apartment dining room are available for \$4.00 each. Housekeeping for common areas and care of the grounds are done by our staff and are included in the monthly rental. Also, all utilities except telephone and cable TV are included, as is the Lifeline emergency medical alert service. Additional service packages are available; information on these is included. There are eight garage units available for a charge of \$85/month. Transportation is available for appointments and shopping, but must be arranged in advance. Prices are subject to change without notice.

If you are interested in having your name placed on our waiting list, please complete the "Application For Apostolic Christian Resthaven Congregate Housing Unit", "Congregate Housing Units Resident Information", and the "Financial Statement of Assets of Residents" forms.

Please feel free to contact me and arrange for a tour of our facility or if you should have any questions about our apartment units. Thank you for your interest!

Sincerely,

David G. Stieglitz
Administrator



Apostolic Christian Resthaven

2750 W. Highland Ave.

Elgin, Illinois 60124

(847) 741-4543

APPLICATION FOR CONGREGATE HOUSING UNIT

Date ___/___/___

Date Unit Needed ___/___/___

Date of Admission Desired ___/___/___

Number of Bedrooms Desired 1 2

Upper Floor Lower Floor

Garage Desired Yes No

Tenant(s):

Name _____ Age ___ Phone (____) ____ - _____

Name _____ Age ___ Phone (____) ____ - _____

Name _____ Age ___ Phone (____) ____ - _____

I (we) understand and agree that my (our) application must be received and approved by the Board of Directors of Apostolic Christian Resthaven.

I (we) understand that each resident occupying the unit must fill out and sign page 2 (Congregate Housing Units Resident Information) of this application. I (we) also understand that my (our) personal physician will be contacted to determine if the residents occupying a congregare unit can live or function independently according to Apostolic Christian Resthaven's guidelines for acceptability.

It is agreed the Apostolic Christian Resthaven, its employees or its Board of Directors shall not be held liable if this application is rejected.

Signed _____

Application accepted by Board of Directors:

Dated ___/___/___ President _____

Administrator _____



Apostolic Christian Resthaven

Please fill out the following information. While this information will not solely determine acceptance into Apostolic Christian Resthaven, it will be helpful in determining the ability of the resident for paying the cost of care as well as assist our facility in annual budget computations.

Is resident handling all financial and personal matters? Yes No

Is party authorized to handle all financial & personal matters? Yes No

If so, attach a copy of basis for authorization (e.g. power of attorney, trust agreement).

I authorize Apostolic Christian Resthaven personnel to verify the information contained herein.

Signature _____ Date _____

BANK ACCOUNTS

CHECKING: Joint Account Yes No

Bank _____ Account Totals _____

SAVINGS: Joint Account Yes No

Bank _____ Account Totals _____

CERTIFICATE(S) OF DEPOSIT: Joint Account Yes No

Bank _____ Account Totals _____

Total Net Worth of Bank Accounts \$ _____

STOCKS AND BONDS

Total Net Worth of All Stocks and Bonds \$ _____

REAL ESTATE

Name(s) Title(s) are in: _____

Total Net Worth of Real Estate \$ _____

INSURANCE

Total Net Worth of Insurance \$ _____

OTHER ASSETS

List any other assets of resident, not previously listed above _____

Total Net Worth of Other Assets \$ _____

Total Net Worth of Resident \$ _____

Total Monthly Income of Resident (Social Security, Pension, etc.) \$ _____