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OUR MISSION: TO PROVIDE AND PROMOTE QUALITY AFFORDABLE HOUSING & CARING SUPPORTIVE SERVICES IN COLORADO

How did you hear about Mesa Vista Apartments? _____

APARTMENT APPLICATION

Applicant Information:

Head of Household: _____ Age: _____ Date of Birth: _____

Email: _____ Social Security number: _____

Telephone: _____ Cell _____ Email _____

Other Household Member Name _____ Age: _____ Date of Birth: _____

Email: _____ Social Security number: _____

Phone _____ Cell: _____ Email _____

Additional Contact Information: _____

Address _____ City _____ State _____ Zip _____

Are you interested in receiving any of these services?

Meal Programs? Yes ___ No ___ Activity bus trips? Yes ___ No ___ Housekeeping/Linen Services? Yes ___ No ___

FINANCIAL INFORMATION:

This facility is owned and/or operated by Senior Housing Options Inc. a non profit 501 (c) (3) charitable organization dedicated to providing affordable, homelike environments where seniors of all income levels can live independently in comfort and security while receiving the services they need. To achieve cost effectiveness, we have utilized various sources of funding that require that we verify financial income and asset information on every potential resident. In cooperation with this policy, please provide answers to the following questions:

ASSET INFORMATION: Income from each of these assets must be detailed in the Income Information section below. Please list all checking, savings and investment accounts (including IRA's, Keogh accounts and certificates of deposit) including assets disposed of during the last two years. Also list the value of other assets including real estate, stocks, bonds, trusts or other assets.

Type of Asset	Financial Institution	Address and Phone Number	Account Number	Balance

INCOME INFORMATION: For each type of income you receive, list the source of the income, the address and phone number related to the source and the amount which can be expected to be received during the next twelve months. Include all sources of such as wages, social security, pension, interest, and income from alimony or rental properties.

Source of Income	Address and Phone	Monthly	Annually

RENTAL HISTORY: Please complete the following rental history. Start with your current or most recent address, include places where you lived, but were not listed on the lease and where you lived under a different name for at least the last five years.

Address	City	State	How long?
Landlord Name	Landlord Phone	Evicted?	Monthly Rent
Address	City	State	How long?
Landlord Name	Landlord Phone	Evicted?	Monthly Rent
Address	City	State	How long?
Landlord Name	Landlord Phone	Evicted?	Monthly Rent

ETHNICITY of head of household:

Hispanic Non-Hispanic

RACE of head of household:

White Black American Indian or Alaskan Native Asian/Pacific Islander

SIGNATURE:

The above statements are true to the best of my knowledge. The applicant authorizes Senior Housing Options Inc. to verify all information provided on this application and to execute all further forms required to assist in this verification process. Applicant certifies that statements made in this application are true and complete and that false statements may result in a denial of this application

Signature of Applicant

Date

Signature of Other Household Member

Date