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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? \_\_\_\_\_

## ASSISTED LIVING RESIDENCE APPLICATION

### APPLICANT INFORMATION:

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Present Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County: \_\_\_\_\_

How long at this address? \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell \_\_\_\_\_ email \_\_\_\_\_

Spouse/Partner Name \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_

Name of Legal Representative (if applicable) \_\_\_\_\_

Address of Legal Representative \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Past Occupation: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

### INSURANCE INFORMATION

Are you currently on Medicare Part-A? Yes \_\_\_ No \_\_\_ Part-B? Yes \_\_\_ No \_\_\_ Part-D? Yes \_\_\_ No \_\_\_

Are you currently with an HMO? Yes \_\_\_ No \_\_\_ Which one? \_\_\_\_\_ HMO Number: \_\_\_\_\_

Do you have Medicaid Health and Community Based Services (HCBS)? Yes \_\_\_ No \_\_\_ Application in Process \_\_\_ Number \_\_\_\_\_

Do you have a caseworker or a social worker? \_\_\_\_ Yes \_\_\_\_ No? If yes, please provide the following information:

Name \_\_\_\_\_ Organization \_\_\_\_\_ Contact information \_\_\_\_\_

**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:

Who will be responsible for paying the fees at Mesa Vista?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**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. Attach additional information if needed.

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. Verification of income must be provided in the form of bank statements that show consistent direct deposit of Social Security, VA benefits, other pensions, social security or other benefits. Quarterly interest statements for a 1 year period or a copy of the last year's IRS Income Tax Return may be used to estimate income.

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 Person Completing Application

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Relationship

\_\_\_\_\_

Phone