



72 E. SIPPRELLE DRIVE
PARACHUTE, CO 81635-9228
970-285-1844
FAX 970-285-6351
TDD 1-800-659-2656

EMAIL MESAVISTA@SENIORHOUSINGOPTIONS.ORG

WWW.SENIORHOUSINGOPTIONS.ORG



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