

MOUNTAIN VIEW APARTMENTS



317 N. SRUCE, GUNNISON, CO 81230

Independent Living for low-income 62 & older & disabled persons

- 1 and 2 bedroom units
- elevator
- senior transportation available
- laundry facilities on-site
- community room with multiple seasonal activities
- emergency response system
- onsite mail and newspaper delivery
- covered parking
- security-controlled entrances
- close walking distance to park, shopping, library, medical, dental, and optical offices

Date: _____

Time: _____

Staff Initials: _____

Mountain View Senior Apartments Application

Please read all questions carefully. If a particular question does not apply, please write n/a in the space.

Head of Household

Full Legal Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____

Birthday: _____

Social Security Number: _____

Driver's License Number: _____

Spouse / Co-Applicant

Full Legal Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Birthday: _____

Social Security Number: _____

Driver's License Number: _____

Emergency Contact Information

Please list nearest living relative we can contact in case of an emergency.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Relationship to applicant: _____

Rental History

Current Address: _____

Dates You Lived in Residence _____

Address of Residence _____

Do you rent or own? ___rent ___own

Do you have a lease agreement at your current address? ___yes ___no

Have you or your spouse ever been evicted or otherwise removed from your rental housing? ___yes ___no. If yes, provide the following information:

When? _____ For what reason? _____

Screening Information

Have you ever been in trouble with the law? ___yes ___no

Have you or any family member ever been convicted of an alcohol/drug-related or violent crime? ___yes ___no

If you answered yes to either question, please explain

Answers to the following questions are optional. If you decline to answer, we may be unable to determine your eligibility for the housing program offered at this property.

Are you handicapped? Yes____ No____

Are you disabled? Yes____ No____

Are you displaced by natural disaster or urban renewal plan? Yes____ No____

Income from Employment

List *all full-time and/or seasonal employment* for head of household, spouse/co-applicant and other household members age 18 or older, including the self-employed. This section is only for income from work. For Social Security or retirement income see below.:

Household member name _____

Place of Employment _____

Employer Address _____

Employer Phone # _____

Supervisor _____

Total Monthly Earnings _____

Please include a second sheet if you have more than one income from employment.

Income from Other Sources

List non-employment income for all household members; this includes interest, dividends, income from rental property, social security, pensions, public assistance, SSI, unemployment compensation, alimony, child support, worker's compensation, disability compensation, the portion educational grants and scholarships allotted for subsistence and all other income.

Person Receiving Income _____

Source of Income _____

Total Annual Income _____ Monthly Amount _____

Person Receiving Income _____

Source of Income _____

Total Annual Income _____ Monthly Amount _____

Person Receiving Income _____

Source of Income- _____

Total Annual Income _____ Monthly Amount _____

Assets

List assets of all household members, including bank accounts, stocks, bonds, credit union shares, land, and real estate.

Asset 1:

Household Member _____

Description of Asset (bank account, stocks, bonds, credit union shares, real estate or other) _____

Est. Current Value _____

Annual Income from Assets or Interest Rate _____

Asset 2:

Household Member _____

Description of Asset _____

Est. Current Value _____

Annual Income from Assets or Interest Rate _____

Asset 3:

Household Member _____

Description of Asset _____

Est. Current Value _____

Annual Income from Assets or Interest Rate _____

Please include a second sheet if you have more than three assets.

Statements by All Adult Household Members

We certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or if move-in has occurred, terminate our Rental Agreement.

We authorize the Property to make any and all inquires to verify this information either directly or through information exchanged now or later with rental or credit screening services, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, state or local agencies.

If our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have or expect to have, responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

We have read, and understand, the information in this application in particular the information contained in the instructions for Head of Household and we agree to comply with such information.

We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages, and Security Deposits.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available for its needs.

The Mountain View Apartments conducts criminal background checks in the state of Colorado and nationally.

Date Signature of Head of Household

Date Signature of Spouse or Co-Applicant

Acceptance of completed application by Management

Date Signature of Management Representative

NOTICE: Management will make reasonable accommodations in rules, policies, practices, or services as may be necessary to afford handicapped persons equal opportunity to apply for, use, and enjoy a dwelling.

Warning: Section 101 of the Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.