



“Experience the Sunnyside of Life”

LEASE APPLICATION

1145 Finch Place
Loveland, CO 80537
970-663-1300

NAME: \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FAMILY MEMBER INFORMATION: Please list head of household and members, including any live-in aides.

NAME DATE OF BIRTH

\_\_\_\_\_

HOW DID YOU HEAR ABOUT MIRASOL? \_\_\_\_\_

PLEASE CIRCLE :

◀ IS APPLICANT CURRENTLY RESIDING OR WORKING WITHIN LOVELAND CITY LIMITS? YES NO

◀ HOUSEHOLD GROSS MONTHLY INCOME: OVER \$2,770 UNDER \$2,770
\_\_\_\_\_ 1-BR Apartment \_\_\_\_\_ 2-BR Apartment \_\_\_\_\_ 2-BR Paired Home
Affordable qualifications: Number of persons \_\_\_\_\_ Est. Gross monthly income \$ \_\_\_\_\_

PLEASE HELP US TO HELP YOU BY CHECKING ANY OF THE FOLLOWING THAT APPLY:

\_\_\_\_\_ WHEELCHAIR ACCESSIBILITY \_\_\_\_\_ VISION IMPAIRMENT MODIFICATION
\_\_\_\_\_ HEARING IMPAIRMENT MODIFICATION \_\_\_\_\_ LIVE IN AIDE

OPTIONAL: Please circle: Black/African White Native: American/Alaskan/Islander Asian
and: Hispanic Non-Hispanic

Please provide complete information and sign application.
Please complete an 'Update' Application whenever any changes occur.



All persons will be treated fairly and equally without regards to race, color, religion, sex, familial status, handicap, or national origin in compliance with the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973. Mirasol does not discriminate on the basis of handicapped status in the admission of access to its facilities or treatment of or employment in its federally assisted programs or activities. Samuel G. Betters has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of HUD regulations implementing Section 504 (24 CRF Part 8, dated June 2, 1988). Mirasol Senior Community complies with the Federal Housing Equal Opportunity Laws & Housing Older Persons Act requirements. 6/07
Applicant Certification: I certify that the information to Mirasol Senior Community on household composition and income is accurate and complete to the best of my knowledge and belief. I understand that giving false statements or information is punishable under Federal law. I also understand that proof of legal U.S. residency may be required in the form of government issued photo ID.

Signature

Date

FOR OFFICE USE

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Rec'd by mail \_\_\_\_\_