

Received by: \_

Phase I

## **LEASE APPLICATION**

"Experience the Sunnyside of Life"

\_Rec'd by mail\_

Please provide complete information and sign application.

970-6	663-1300						
NAME:		SS#					
ADDRESS:							
CITY:			STATE:	ZIP COI	DE:		
PHONE NUMBER:			EMAIL:				
HOUSEHOLD N	MEMBER INFORM	<u> ATION</u> : Please list He	ad of Household (HC	OH) and members, incl	uding any live-in a	ides.	
NAME (HOH)		·	DATE OF BIRTH				
(Co-HOH)							
HOW DID YOU	HEAR ABOUT MI	RASOL?					
1-BR A		2-BR Apartme		_2-BR Paired Home Est. Gross m		-	
		RESIDING OR WORKIN			YES	NO NO	
					TLO	NO	
		J BY CHECKING ANY					
WHEELCHAIR ACCESSIBILITY				VISION IMPAIRMENT MODIFICATION			
HEARING IMPAIRMENT MODIFICATION			LIVE	LIVE IN AIDE			
<u>OPTIONAL</u> :	Please circle: <u>and</u> :	Black/African Hispanic	White Non-Hispanic	Native: American/Ala	skan/Islander	Asian	
and Sec of or em containe	tion 504 of the Rehabilita ployment in its federally a d in the Department of H	tion Act of 1973. Mirasol does nussisted programs or activities.	ot discriminate on the basis o Samuel G. Betters has been d ction 504 (24 CRF Part 8, dat	status, handicap, or national origi f handicapped status in the admis esignated to coordinate complian ed June 2, 1988). Mirasol Senior	sion of access to its facilities ce with the nondiscrimination	es or treatment on requirements	
best of my knowle	dge and belief. I unde		atements or information	ehold composition and inco s punishable under Federal			
Applicant Signa	ature			Date			
		d if incomplete or uns		s that occur regarding vion.	your address, fam	ily composition or	
Please be advised	that all applicants wandlord references a	vill be screened equally be	fore final acceptance int	o any program. This screer cy for the Loveland Housing			

Date:\_

Phase II\_

Time:\_\_