

THE MEZZANINE AT GOLDEN WEST APPLICATION FOR RESIDENCY

Date: _____

Applicant(s) Information:

Name:

1) _____
Last
First
Middle

2) _____
Last
First
Middle

Address: _____

Telephone: (____) _____

Marital Status: Single Married Partnered Divorced Widowed

Date of Birth: 1) _____ ; 2) _____

Method of Payment:

Private Pay Medicaid (Do you currently receive HCBS benefits?)

Annual Income Information:

Wages, Commissions, Fees Received:	\$
Pension, Retirement, Annuity:	\$
Social Security:	\$
Old Age Assistance:	\$
Rents or Royalties Received:	\$
Interest on Savings Accounts, Etc.	\$
Dividends Received on Stocks, Bonds, Mutual Funds:	\$
Other Income:	\$
Total Annual Income	

(OVER)

Alternate Contact: _____

Relationship: _____

Address: _____

Telephone: (____) _____

Do you currently (check one):

Own Rent Live in a retirement community Live with family

How soon are you contemplating a move?

ASAP 3-6 months 6-12 months 1-2 years Unknown

Do you drive? Yes No Do you own a car? Yes No

Do you own a pet? Yes No Type: _____

Do you currently receive housing assistance? (i.e. Section 8) Yes No

Do you currently live in subsidized housing? Yes No

How did you hear about Golden West? _____

Apartment Request

Please list any special apartment requirements below. Keep in mind that limited preferences can prolong the waiting time.

I have read The Mezzanine at Golden West eligibility requirements and the criteria for occupancy and affirm that I do qualify as an eligible resident. I agree to notify Golden West should any of the above information change. I declare that the above listed information is correct and true to the best of my knowledge.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Source of information: _____