

THE TOWERS AT GOLDEN WEST
APPLICATION FOR RESIDENCY

****There is a \$35 application fee.** Please make checks out to Golden West.

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) _____ Age: 1) _____ 2) _____

Ethnic Category (circle one) Hispanic or Latino Non-Hispanic or Latino

Racial Categories (circle all that apply) American Indian or Alaska Native Asian

Black or African American Hawaiian or Pacific Islander White Other

I prefer not to disclose ethnic or racial information _____ (initials)

Do you currently (check one):

Own Rent Live in a retirement community Live with family

Present Landlord or Mortgage Company: _____

Telephone: (____)

Monthly rent/mortgage payment : _____ Date of move-in: _____

How soon are you contemplating a move?

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

Will you be parking a vehicle on the property? Yes No

Do you own a pet? Yes No Breed: _____ Weight: _____

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? _____(OVER)

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	

**Golden West is required by the State of Colorado and City of Boulder to collect copies of income tax returns from residents and if not required to file a tax return, other third party verification of income must be provided such as Social Security statement and/or bank statements.*

Apartment Request

Please select the type of apartment you would prefer: studio, one-bedroom or both. Keep in mind that very limited preferences can prolong the waiting time.

Studio Apartment:

- | | | |
|---|--|--|
| <input type="checkbox"/> 1st Available Either Tower | <input type="checkbox"/> Central Tower East | <input type="checkbox"/> Central Tower SE Corner |
| <input type="checkbox"/> Central Tower West | <input type="checkbox"/> Central Tower SW Corner | <input type="checkbox"/> South Tower North |
| <input type="checkbox"/> South Tower South | <input type="checkbox"/> South Tower East End | <input type="checkbox"/> South Tower West End |
| <input type="checkbox"/> South Tower SE Corner | <input type="checkbox"/> Certain Floor: _____ | <input type="checkbox"/> Other Requirements: _____ |

One Bedroom:

- | | | |
|---|--|--|
| <input type="checkbox"/> 1st Available Either Tower | <input type="checkbox"/> Central Tower West | <input type="checkbox"/> Central Tower East |
| <input type="checkbox"/> Central Tower NW Corner | <input type="checkbox"/> Central Tower NE Corner | <input type="checkbox"/> South Tower NW Corner |
| <input type="checkbox"/> South Tower SW Corner | <input type="checkbox"/> South Tower North | <input type="checkbox"/> Certain Floor: _____ |
| <input type="checkbox"/> Other Requirements: _____ | | |

Alternate Contact: _____ Relationship: _____

Address: _____

Telephone: (____) _____

Credit References

Bank name: _____ Telephone: (____) _____

Address: _____

Checking account number: _____

List all credit obligations with minimum monthly payment: _____

Have any of the applicants broken a lease? _____ Declared bankruptcy? _____

Criminal History

Have any of the applicants ever been convicted of a felony? _____ or violent crime? _____

I declare that the above listed information is correct and true to the best of my knowledge. I also authorize Golden West to verify above information and/or obtain landlord, credit or criminal histories to determine eligibility. I understand that my application may be rejected if I have provided any false information.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____