



MOUNTAIN VISTA
Resident Application Form

Applicant Name: _____
Last First Middle

Current Phone : _____ E-mail: _____

Social Security # _____ DOB: _____

Current Address: _____

Landlord Name/Phone: _____ Monthly Rent: _____

Prior Address: _____ Dates: _____

Current Employment: _____ Dates: _____

Supervisor Name/Phone: _____ Monthly Income: _____

Co-Applicant: _____
Last First Middle

Current Phone : _____ E-mail: _____

Social Security # _____ DOB: _____

Current Address: _____

Landlord Name/Phone: _____ Monthly Rent: _____

Prior Address: _____ Dates: _____

Current Employment: _____ Dates: _____

Supervisor Name/Phone: _____ Monthly Income: _____

Children Name and Age:

Applicant/Co-Applicant confirm the above information is true/correct, authorize Mountain Vista to obtain verification of all information to determine eligibility for residency, and understand that any false information may result in disapproval for residency.

Applicant

Date

Co-Applicant

Date