

Mount Pleasant Home Application

1695 Mt. Pleasant St. Dubuque, Iowa 52001

563-582-4144

PLEASE PRINT CLEARLY - FILL IN ALL ITEMS THAT APPLY – ANSWER ALL QUESTIONS – INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Date of Application: _____

How did you hear about Mount Pleasant Home? _____

Applicant's Full Name: _____

Sex (M/F): ___ Date of Birth: _____

Applicant's Home Address: _____

City: _____ State: _____ Zip: _____

How long at home address? _____

Mailing Address if different: _____

Primary Phone: _____ other Phone: _____

Email: _____

Temporary location if not currently at Home Address: _____

Birth Place: Birth Name (if different): _____

Current Marital Status: Single Married Divorced Separated

Name of person preparing application, if not applicant: _____

Relationship to Applicant: _____

Number of Applicant's Children: _____

Names: Relationship: (in-law) _____

Emergency Contact for applicant

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Other Phone: _____

Fax: _____ Email: _____

Other Relatives or Supporting Friends

Name: Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Other Phone: _____

Fax: _____ Email: _____

Background Information

Reason for applying to Mt. Pleasant Home _____

Highest Level of Education completed: _____

Occupations: _____

Date Last Employed: _____

Interests and Hobbies: _____

Funeral and Burial Arrangements: Funeral Home/Director: _____

Independence Assessment

Mount Pleasant Home is an independent living residential facility and provides **no** assisted living or specialized (medical or otherwise) care to its residents. Subject to its obligation to make reasonable accommodations under relevant local, state or federal law to accommodate qualifying disabilities, please confirm the following information relative to your ability to live in an independent living facility:

Are you able to walk independently? Yes No Do you use a: Cane Walker Wheelchair

Are you able to independently transfer from your wheelchair to a chair or bed? Yes No

Have you fallen in the past 6 months? Yes ____ # times No

Continence

Are you incontinent? Totally Frequently Occasionally Never

Urine Bowel Movement

Do you wear incontinence products? Yes No Occasionally Consistently

Do you have a prescription from your doctor for incontinence products? _____

Are you able to manage it independently? Yes No

Visiting Nurse Services (VNA) or Home Health Aide Services (HHA)

Do you currently receive VNA or HHA services? Yes No

Which VNA/HHA company? _____

What services do they provide you? _____

Smoking Do you currently smoke cigarettes, pipes, or cigars? Yes No

If yes, how many cigarettes or times a day do you smoke? _____

Financial information

Assets and Income

Please provide the following information regarding ALL sources of assets and income. On this page, list all ASSETS (bank accounts, investments, real estate, and life insurance with cash value, etc.). An accurate list of assets is required to enable Mount Pleasant Home to plan your residency.

On the next page, list each source of INCOME (Social Security, SSI, pension, Veterans' benefits, interest and dividends, and trust and other income). Please list gross income amounts (before deductions have been taken out, for example, for health insurance or taxes). Mount Pleasant Home reserves the right to request income tax returns for the three (3) most recent years to confirm income.

ASSETS

BANK ACCOUNTS (INCLUDE JOINTLY OWNED ACCOUNTS ALSO)

Owner	Account Type	Bank Name	Current Balance

OTHER ASSETS (INCLUDE JOINTLY OWNED ACCOUNTS ALSO)

Asset Type	Current Value	Annual Dividends/Interest/Income
Mutual Funds	\$	
Stocks or Bonds	\$	
Home /other Property	\$	
Motor Vehicle	\$	
Social Security/Disability	\$	

Pension	\$	
Life Insurance		
Trust	\$	
Total Annual Income		

Trust officer's Name (if applicable): _____

Address/Bank _____

Phone: _____ Email: _____

ONGOING MONTHLY RESPONSIBILITIES AND DETAILS:

Mortgage/Rent \$ _____

Insurance \$ _____

Medication \$ _____

Cell Phone \$ _____

Car expense, payment, ins., upkeep _____

Credit Card/Loans \$ _____

Other \$ _____

Other \$ _____

CURRENT HOUSING SITUATION

Are you without or about to be without housing? Yes No

If yes, please explain the circumstances: _____

Are you now living in government subsidized housing? (Section 8, section 236, Public Housing)

If yes, please list facility name and contact information: _____

Personal References

Please list the names of two references below (past or present landlords, neighbors, or other personal references unrelated to you by blood or marriage). These references will be contacted by Mt. Pleasant Home in determining whether or not your admission is granted.

REFERENCES

1. NAME: _____

PHONE _____

ADDRESS _____

e-mail

2. NAME: _____

PHONE: _____

ADDRESS _____

e-mail

WOULD YOU LIKE TO TAKE PART IN OUR SOCIAL MEDIA INCLUDING PHOTOS AND EVENTS?

_____ YES _____ NO

REASONABLE ACCOMMODATIONS

Mount Pleasant Home is committed to offering reasonable accommodations to applicants and residents who have physical, developmental, or mental conditions that constitute disabilities under applicable local, state or federal laws. Requests for units adapted for disabled residents or other accommodations in policy or procedures, require confirmation of the disability which will be accommodated by the requested change. A description and/or documentation, when necessary, of the disability may need to be provided by the applicant's physician or service provider to confirm the reasonable accommodation request and assist in Mount Pleasant Home and the applicant/resident in the interactive process.

FAIR HOUSING POLICY:

Mount Pleasant Home offers all units on an open occupancy basis. Mount Pleasant Home does not discriminate on the basis of race, color, national origin, sex, age, religion, handicap, familial status, children, ancestry, marital status, sexual orientation or preference, or veteran history.

MINIMUM SUITABILITY STANDARDS

Selected applicants must also meet Minimum Suitability Standards. The following circumstances may disqualify an applicant household for housing:

1. The applicant has failed to provide information reasonably necessary for the housing provider to process the applicant's application.
2. The applicant has misrepresented or falsified any information required to be submitted as part of the applicant's application (determined upon verification of information).
3. The applicant requires care or services that cannot be provided. Additional application, medical information and personal interview required.

Formerly named the "Iowa Home for the Friendless," Mount Pleasant Home is an Iowa non-profit institution providing low cost residential units and related residential services in a community-styled environment for lower income or needy individuals. Such services include laundry, meal service, and cleaning services among other sundry and miscellaneous non-medical services. As such, Mount Pleasant Home is not subject to, and specifically disclaims applicability of, the Uniform Residential Landlord and Tenant Law located at Iowa Code, Section 562A, and your stay at Mount Pleasant Home will be subject to Mount Pleasant Home's rules and regulations as may be modified from time to time.

RACE/NATIONAL ORIGIN

The Federal Government asks that we obtain the following information in order to monitor the owner's compliance with Equal Housing Opportunity and Fair Housing laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below or whether or not the information is furnished. Completing this section is voluntary.

_____ White/Non-Minority _____ African American _____ Indian/Native American

_____ Asian _____ Hispanic _____ Other _____

_____ I do not wish to furnish the above information

AFFIRMATION

PLEASE READ EACH ITEM BELOW CAREFULLY BEFORE YOU SIGN

1. I hereby certify that I have reviewed the material in this application and the information provided in this application is correct to the best of my knowledge.
2. I understand that this is a preliminary application and the information provided does not guarantee housing. Additional information may be necessary to complete the application process.
3. I hereby give Mount Pleasant Home authorization to verify the information in this application.

Date Received _____

Applicant's Signature

Date
