



Town And Garden Apartments
428 Pearl Street
Columbus, Indiana 47201

Town and Garden Apartments
A Senior Apartment Facility

Thank you for your interest in The Town and Garden Apartments, a senior apartment facility owned by the Southern Indiana Housing & Community Development Corporation. Please complete and return all of the following requested information. Only complete application packets will be considered. If you need help or have questions, please contact:

SIHCDC / ARa office:
812-376-9949 ask for Victoria
Or 812-344-9949 Rob Lilly, Facility Manager
748 Franklin Street
Columbus, Indiana 47201

All information can be dropped off, mailed or faxed to:
Southern Indiana Housing & Community Development Corporation (SIHCDC)/ARa
748 Franklin Street
Columbus, Indiana 47201
Fax: 812-376-8857

1. Be sure to fill in all information on the application. We need and use all of this information. If you do not have a phone, please make a note on the application.
2. "Verification of Assets on Deposit" All assets must be listed: Savings accounts, 401K, IRA or any other retirement account.
Please sign and date the form. Take this form to your financial institution or institutions; have them fill it out for you. They will fill in the dollar amounts, account numbers and the interest rates. If you use more than one financial institution, please fill out a separate form for each one.
3. "Verification of Employment" Please fill out PART I and PART II only. PART III is to be filled out by your employer. ONLY employed persons in the household must complete this form.
4. Statement of Current Social Security Benefit. This must be a form from the social security office. A copy of a check or bank statement cannot be used.
If you do not have this statement, you can request a copy by calling the Indianapolis Social Security office at 1-800-772-1213.
5. Copies of all ADDITIONAL sources of income. Example: public assistance benefit, annuities, disability, and child support.



**Please Note: Each Tenant Must Be 62 Years Or Older To Apply
All Tenants Must Be Able To Live Independently**

Maximum Occupancy:
Efficiency Apartment: 1 person
1 Bedroom Apartment: 2 persons

For Office Use Only
Date Rec'd: _____
Wheelchair: _____
Age: _____

APPLICANT:

Last Name _____ First Name _____ Middle initial _____

Social Security no. _____ Sex: Male _____ Female _____

United States citizen? Yes _____ No _____

Your date of birth _____ Your age _____

Date Requested For Occupancy: _____

Home Telephone # (_____) _____ Work # (_____) _____

APPLICANT RACE/ETHNICITY INFORMATION (required by HUD for statistical reporting purposes)

RACIAL CATEGORIES:

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> Other Multi-Racial | <input type="checkbox"/> American Indian/Alaskan Native |
| | <input type="checkbox"/> Native Hawaiian/other Pacific Islander |

ETHNICITY CATEGORIES:

- | | |
|---|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Not-Hispanic or Latino |
|---|---|

APPLICANT DISABILITY STATUS

Are you currently disabled? Yes _____ No _____

Please describe disability: _____

Do you receive disability income? Yes ___ No ___

Do you require wheelchair facilities? Yes ___ No ___

CO-APPLICANT:

Last Name _____ First Name _____ Middle initial ___

Social Security no. _____ : Sex: Male ___ Female ___

United States citizen? Yes ___ No ___

Your date of birth _____ Your age _____

Home Telephone # (_____) _____ Work # _____

CO-APPLICANT RACE/ETHNICITY INFORMATION (required by HUD for statistical reporting purposes)

RACIAL CATEGORIES:

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> Other Multi-Racial | <input type="checkbox"/> America Indian/Alaskan Native |
| | <input type="checkbox"/> Native Hawaiian/other Pacific Islander |

ETHNICITY CATEGORIES:

- | | |
|---|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Not-Hispanic or Latino |
|---|---|

CO-APPLICANT DISABILITY STATUS

Are you currently disabled? Yes ___ No ___

Please describe disability: _____

Do you receive disability income? Yes ___ No ___

Do you require wheelchair facilities? Yes ___ No ___

LIST ALL INCOME FOR ALL APPLICANTS.

(Examples: Wages, Temporary Assistance for Needy Families (TANF), Social Security, Pension, Disability, Unemployment Benefits, Income from rental property, etc.) If wages, list gross income (Before Taxes).

1. Applicant _____

Source of income _____ Amount _____ How often? _____

Source of income _____ Amount _____ How often? _____

Source of income _____ Amount _____ How often? _____

2. Co-applicant _____

Source of income _____ Amount _____ How often? _____

Source of income _____ Amount _____ How often? _____

Source of income _____ Amount _____ How often? _____

RESIDENCY:

Current Address:

Street _____

City _____ State _____ Zip _____

How Long: _____ Monthly Payment: _____

Landlord or Mortgage Company: _____ Phone (____) _____

Reason for Leaving: _____

Previous Address

Street _____

City _____ State _____ Zip _____

How Long: _____ Monthly Payment: _____

Landlord or Mortgage Company: _____ Phone (____) _____

Reason for Leaving: _____

Financial:

Name of Bank: _____

Address: _____

Phone Number: _____



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Renters Insurance:

Do you plan on getting Renters Insurance? Yes ___ No ___

THE ABOVE INFORMATION IS, TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. BY SIGNING AND SUBMITTING THIS APPLICATION, I AM AUTHORIZING ADMINISTRATIVE RESOURCES ASSOCIATION, OR SIHCDC TO CHECK MY CREDIT HISTORY, CITIZENSHIP STATUS, CRIMINAL HISTORY, INCOME STATUS AND ANY FACT INCLUDED ON THIS FORM. I UNDERSTAND THAT PROVIDING FALSE OR INCOMPLETE INFORMATION OR FAILING TO PROVIDE REQUIRED INFORMATION CAN RESULT IN THE DENIAL OF MY APPLICATION. IN ADDITION, FALSE OR INCOMPLETE INFORMATION COULD RESULT IN EJECTION SHOULD THE TRUE INFORMATION BECOME APPARENT AFTER RESIDENCE IS OCCUPIED.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____



Rents and Incomes:

- Determined by U.S. Department of Housing and Urban Development (HUD) Guidelines for Bartholomew County
- All rents are subject to annual adjustment

General Information:

- All tenants must be 62 years of age or older.
- All tenants must be able to live independently. The facility provides no in home care or transportation services.
- The apartments have a NO-SMOKING policy (no smoking in apartments nor common areas)
- The apartments have a NO PETS policy
- One person maximum occupancy per efficiency
- Two person maximum occupancy per one bedroom apartment.
- Unit Condition: The unit itself and all common areas must be maintained in good condition at all times.
- Good Neighbor: Residents are expected to get along peacefully and find cooperative solutions to disagreements.

Please list three references: Preferably past landlords or employers:

Name _____ phone

Relationship to
applicant _____

Name _____ phone

Relationship to
applicant _____

Name _____ phone

Relationship to
applicant _____