

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

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, or Local Columbus In. office 866-755-0990

A faster way to get your SS benefit page: Go to the official Social Security Site

www.SocialSecurity.Gov create an account and print the info.

5. Copies of all ADDITIONAL sources of income. Example: public assistance benefit, annuities, disability, and child support.

Please Note: Each Tenant Must Be 55 Years Or Older To Apply
All Tenants Must Be Able To Live Independently

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

Maximum Occupancy:

Efficiency Apartment: 1 person
1 Bedroom Apartment: 2 persons

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"/> 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 |
|---|---|

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 (____) _____



Town And Garden Apartments
428 Pearl Street
Columbus, Indiana 47201

Reason for Leaving: _____

Financial:

Name of Bank: _____

Address: _____

Phone Number: _____

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: _____

