



Town And Garden Apartments  
428 Pearl Street  
Columbus, Indiana 47201

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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.





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**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:**

- White
- Black/African American
- Hispanic
- Asian
- Other Multi-Racial
- American Indian/Alaskan Native & White
- Asian & White
- Black/African American & White
- American Indian/Alaskan Native & Black/African American
- America Indian/Alaskan Native
- Native Hawaiian/other Pacific Islander

**ETHNICITY CATEGORIES:**

- Hispanic or Latino
- 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 (\_\_\_\_) \_\_\_\_\_

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 \_\_\_\_\_