

HAND PROPERTIES

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|---|-------------------------------|
| <input type="checkbox"/> Spicewood I – Sheridan | Telephone/Fax: (317) 758-5180 |
| <input type="checkbox"/> Spicewood II - Sheridan | TDD: (800) 743-3333 |
| <input type="checkbox"/> Spicewood II - Sheridan | Rental Office: |
| <input type="checkbox"/> Hickory Commons - Lebanon | 901 Basil Lane |
| <input type="checkbox"/> Roper Lofts – Noblesville | Sheridan, IN 46069 |
| <input type="checkbox"/> Roper Capstone - Noblesville | |
| <input type="checkbox"/> Pebble Brook Gardens - Noblesville | |
| <input type="checkbox"/> Home Place Gardens - Carmel | |
| <input type="checkbox"/> Lakeside Gardens - Cicero | |
| <input type="checkbox"/> Plum Tree Gardens – Noblesville | |
| <input type="checkbox"/> Southwood Villas – Tipton (applications accepted beginning 2/1/2022) | |
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Eboni Wallace, Property Manager

Thank you for applying to live in our community! Please place a check mark in the boxes at top of this page for each property you would like to be added to the waiting list. Fill out the Quick Application fully, and with as much information as you can, and return to the rental office. Please remember if your phone number or address should change to call the rental office and update.

If there are any questions or concerns, please feel free to call me at my office 317-758-5180. Thank you in advance for your cooperation.

Sincerely,

BRADLEY COMPANY
MANAGING AGENT FOR HAND PROPERTIES

Eboni Wallace
Property Manager

Hand Properties does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



Quick Application

Date of Application _____

Desired Move-In Date _____

Type & Size of Apartment Desired: _____

Apt. Community(s) Desired: _____

Head of Household's Name: _____

Home Telephone Number: _____ Work Phone Number: _____

Mailing Address: _____

Spouse / Co-Tenant's Name: _____

Home Telephone Number: _____ Work Phone Number: _____

Mailing Address: _____

Would anyone in your Household benefit from the features of a handicap-accessible unit? _____

Is your household displaced due to a Presidentially Declared Disaster? _____

Are you or any household member a Veteran? _____

If yes, who? _____

How Did You Hear About Us? _____

Head of household, spouse or co-tenant must be 62 years or older, handicapped or disabled to be entitled to a Medical Allowance.

Are you eligible for medical expense based on the above statement? Yes No

Are any household members, live-in aides, or foster child/adults included on any State Sex Offender Registry? Yes No

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other members who will be living in the unit. Give the relationship of each household member to the head.

Names of Household Members (First, Middle Initial, Last)	Relationship	Birth Date	Age	Sex <small>(optional)</small>	Social Security Number
	Head				

Email address: _____

Household's Gross Annual Income? _____

Are there any students (full or part-time) that are currently or projected to attend an institution of higher education within the next year? Yes No



