# HAND PROPERTIES

- $\Box$  Spicewood I Sheridan
- □ Spicewood II Sheridan
- Spicewood II Sheridan
- □ Hickory Commons Lebanon
- $\Box$  Roper Lofts Noblesville
- $\hfill\square$  Roper Capstone Noblesville
- $\hfill\square$  Pebble Brook Gardens Noblesville
- □ Home Place Gardens Carmel
- Lakeside Gardens Cicero
- $\Box$  Plum Tree Gardens Noblesville
- $\Box$  Southwood Villas Tipton

Telephone/Fax: (317) 758-5180 TDD: (800) 743-3333 Rental Office: 901 Basil Lane Sheridan, IN 46069

Ann Marie Alligood, 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

Ann Marie Alligood Property Manager

Hand Properties does not discriminate <u>on the basis of handicapped status</u> 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:	
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 handican-accessible unit?
<ul> <li>Would anyone in your Household benefit from</li> <li>Is your household displaced due to a Presidentially Decl</li> <li>Are you or any household member a Veteran?</li></ul>	ared Disaster?
Hyes, who: How Did You Hear About Us? Head of household, spouse or co-tenant must be 62 years or older,	
Are you eligible for medical expense based on the	
□ Are any household members, live-in aides, or f Offender Registry?	-
HOUSEHOLD COMPOSITION AND CHARA	

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	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



#### SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you have provided on the Supplement to Application form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on the attached form.

## **APPLICANT CERTIFICATION**

I/we certify that if selected to move into this property, the unit I/we have chosen will be my/our only residence and that I/we will not maintain a separate subsidized rental unit in a different location. I/we understand that the above information is being used to determine my/our eligibility for Rural Development, HUD Section 8 assistance, HOME Investment Partnerships Program, or Low-Income Housing Tax Credit (LIHTC). I/we authorize the agent to verify all information provided on this application and to contact previous or current landlords or other sources including the police records department, credit and verification information with the appropriate Federal, State, or local agencies. I/we certify that the statements made on this application are true and complete to the best of my/our knowledge and belief. I/we further certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form. In addition, I/we have fully disclosed all wage and benefit income being received in my/our household and understand that verification are punishable by Federal law. The undersigned is the person(s) named above and hereby authorizes the release to conduct a search of any criminal records, police records, housing history, and sex offender checks for the purpose of determining housing suitability. Additionally, I authorize all companies and law enforcement agencies to release such information, and release them from any liability and responsibility from doing so.

Signature of Head of Household	Date:		
Signature of Spouse/Co-Tenant of Household	Date:		
Signature of Site Manager / Property Manager	Date:	Time:	

### PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

### 504/EIV Coordinator ~ 574-234-9923 TDD # 800-743-3333

The information regarding race, national origin and sex discrimination solicited on this application is requested in order to assure the Federal Government, acting through Rural Development and/or HUD, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information, but you are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note that you (the applicant) refuses to declare his/her race and/or ethnicity.

Race of Head of Household:	White Black Other	Asian American Indian		
Ethnicity of Head of Household:	Hispanic	Non-Hispanic		
Gender of Head of Household:	Male	Female	Prefer not to disclose	6/2020



