

Garden View,L.L.C., Pre-Application

D/T

Located at: **1235 S. Sawyer Ave, Chicago, Illinois 60623**

All required documentation is to be sent by U.S. Mail ONLY to:
**Garden View, L.L.C., c/o Housing Manager, 212 E. Ohio St., 5th Floor,
Chicago, IL 60611-7275**

I am interested in: _____ 1 Bedroom Apt. _____ 2 Bedroom Apt. (check one)

Name (Head of Household): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home) _____ (Work) _____

Please read the letter on the reverse side of this page. Do you feel you qualify for one of the following housing preferences as described in the letter? If yes, then choose one of the following housing preferences:

- 1: Are you disabled from HIV/AIDS and are homeless? () Yes () No
 - 2: Are you disabled from HIV/AIDS and live in Chicago currently? () Yes () No
 - 3: Are you displaced from an urban renewal area, displaced as a result of a government action, or displaced as a result of a major disaster? () Yes () No
- Would you be interested in a handicapped accessible unit? () Yes () No

Annual Household Income: \$ _____

Household data: Please list ALL persons who will occupy the unit:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please include the following items:

- A copy of your Photo ID.
- Verification that you or a 21 year old or older member of your household has HIV/AIDS.

IMPORTANT Please provide the attached Garden View, L.L.C. HIV/AIDS Disability confirmation form to your medical provider. The pre-application is not complete until your medical provider sends the completed form to Garden View, L.L.C.

Signature

Date



Garden View, L.L.C., Inc. Pre-application Side 2

EdgeAlliance, Inc. is the sponsor of **Garden View, L.L.C.**, a two story multifamily housing project for individuals and families, whose adult lessee is disabled from HIV/AIDS at 1235 South Sawyer in the North Lawndale neighborhood in Chicago. There are a total of 16 units with 4 two-bedroom units and 12 one-bedroom units, community room, and a laundry facility. **The rent residents pay is 30% of their adjusted gross income.** Potential residents must have income at or below 50% of the Chicago area median income to qualify for this housing. The acceptable maximum income levels per this formula are \$26,400 for a one person household, \$30,150 for a two person household, \$33,950 for a three person household, and \$37,700 for a four person household. Households at Garden View, L.L.C. may not exceed 4 persons for 2 bedroom units and 2 persons for 1 bedroom units.

We offer equal housing opportunities to all applicants regardless of race, religion, color, sex, sexual orientation, national origin, disability or family status, except that an adult lease holder in each household must be disabled from HIV/AIDS and be 21 years or older. The applicant must meet all other requirements of Garden View, L.L.C.

Potential residents may be eligible for a preference. Households qualifying for a preference will receive assistance before any other applicant households that are not so qualified. Any of the following conditions may qualify a pre-applicant for a preference; 1.) pre-applicants who are disabled from HIV/AIDS and have homeless status (for 20% of the apartment units) 2.) pre-applicants who are disabled from HIV/AIDS and are a resident of Chicago. 3.) Pre-applicants displaced from an urban renewal area, displaced as a result of a government action, or displaced as a result of a major disaster. For households not claiming housing preference, screening will be conducted according to the order in which the pre-applications were received.

Inquires regarding these apartments are welcome.

Please call our offices at (773) 277-1251 ext. 18 for information about Garden View, L.L.C. apartments and occupancy requirements.

All required documentation is to be sent to:

Garden View, L.L.C.

Attn: Housing Manager

212 E. Ohio, 5th Floor

Chicago, IL. 60611

In addition to the pre-application (enclosed), a copy of a photo ID and written documentation proving HIV/AIDS status **MUST** be submitted with the pre-application. **IMPORTANT** Please provide the attached Garden View, L.L.C. HIV/AIDS Disability confirmation form to your medical provider. The pre-application is not complete until your medical provider sends the completed form to Garden View, L.L.C.
