

# Sawyer Gardens, Inc., Pre-Application

D/T

Located at: **1215 S. Sawyer Ave, Chicago, Illinois 60623**

All required documentation is to be sent by U.S. Mail ONLY to:  
**Sawyer Gardens, Inc., c/o Housing Manager, 212 E. Ohio St., 5<sup>th</sup> Floor, Chicago, IL 60611-7275**

I am interested in: \_\_\_\_\_ 2 Bedroom Apt. \_\_\_\_\_ 3 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 preference 1: Are you disabled from HIV/AIDS and have a homeless status?

( ) Yes ( ) No

Housing preference 2: Are you or an 18 year old or older household member disabled from HIV/AIDS and live in Chicago currently? ( ) 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 an 18 year old or older members of your household have HIV/AIDS.

**IMPORTANT** Please provide the attached Sawyer Gardens HIV/AIDS Disability confirmation form to your medical provider. The pre-application is not complete until your medical provider sends the completed form to Sawyer Gardens, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Sawyer Gardens, Inc. Pre-application Side 2

EdgeAlliance, Inc. is the sponsor of **Sawyer Gardens, Inc.**, a three story multifamily housing project for families, whose adult lessee is disabled from HIV/AIDS at 1215 South Sawyer in the North Lawndale neighborhood in Chicago. There are a total of 18 units with 14 two-bedroom units and 4 three-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 \$30,150 for a two person household, \$33,950 for a three person household \$37,700 for a four person household, 40,700 for a five person household, and 43,750 for a six person household. Households at the Sawyer Garden apartment may not exceed 4 persons for 2 bedroom units and 6 persons for 3 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 18 years or older. The applicant must meet all other requirements of Sawyer Gardens, Inc.

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. Either 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 or who have a household member 18 years old or older who are disabled from HIV/AIDS and are a resident of Chicago and are co-applying to live at Sawyer Gardens, Inc. with the pre-applicant. 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) 522.1522 for information about Sawyer Gardens, Inc. apartments and occupancy requirements.**

**All required documentation is to be sent to:**

**Sawyer Gardens, Inc.  
Attn: Housing Manager  
212 E. Ohio, 5<sup>th</sup> 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 Sawyer Gardens HIV/AIDS Disability confirmation form to your medical provider. The pre-application is not complete until your medical provider sends the completed form to Sawyer Gardens, Inc.

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