

**^RAD
Project Based Voucher (PBV)
Community Wide Waiting List**

Pre-Application Instructions

1. Please read both sides of this form carefully.
2. The pre -application form must be filled out completely. Please print clearly in black or blue ink. Illegible forms will be rejected.
3. Your pre-application will not be processed if you fail to complete the entire form, sign the form and/or fail to provide your Social Security number.
4. The community wide waiting list will open May 1, 2016 – Indefinitely until further notice, Monday – Friday from 9:00 AM to 4:00 PM.
5. Pre-application forms are to be completed at the office.
6. Eligible applicants will be placed on the project-based waiting list. A final application will be completed when a unit is available.
7. As units become available, bedroom size and verifiable need for fully accessible units will indicate which applicants will be notified first.

Pre-Application – Time and Date Stamp

Name of Head of Household: _____

Date of Birth: _____ **Social Security #:** _____ - _____ - _____

Address: _____

Apt. #: _____

City: _____ **State:** _____ **Zip Code:** _____

Home #: _____ **Work #:** _____

1. **Total number of household members:** _____
2. **What size unit do you require?** _____ bedrooms
3. **Do any household members require a fully accessible unit due to a disability?** _____ Yes _____ No
4. **Is any household member mobility impaired?** _____ Yes _____ No
5. **Do any household members require a unit with special features or modifications due to a disability?**
 _____ Yes _____ No; if yes, please explain: _____

Have you ever been a previous tenant/ participant of an Affordable Housing Program or Housing Choice Voucher Program? (Check yes or no)

- Yes
 No

List name, age and sex for the head of household and other family members:

| NAME | RELATIONSHIP TO HEAD OF HOUSEHOLD | AGE | SEX |
|------|-----------------------------------|-----|-----|
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| | | | |
|--|--|--|--|

Total Annual Household Income: \$ _____

Annual Household Income:

In order to be eligible, the applicant household's Annual Household Income cannot exceed the following amounts for households that include the indicated number of members:

| Number of household members | 1 | 2 | 3 | 4 | 5 | 6 |
|--|-------|-------|-------|-------|-------|-------|
| 2016 Maximum Annual Household Income-PBV 50% | 18150 | 20750 | 23350 | 25900 | 28000 | 30050 |
| 2016 Maximum Annual Household Income-PBV 60% | 21780 | 24900 | 28020 | 31080 | 33600 | 36060 |

Check all of the following categories that apply to your household:

- Resident of the Housing Authority of Columbus, Georgia owned public housing community requiring relocation due to the demolition and/or revitalization of that community
- Resident or Applicant receiving assistance through the Housing Authority of Columbus, Georgia's program and referred by the Housing Authority of Columbus, Georgia
- Other

Minority Code: Black White American Indian Asian Eskimo Pacific Islander Other

Ethnicity Code: Hispanic Non-Hispanic

I certify that the statements made on this form are true and complete to the best of my knowledge and belief. I also understand it is my responsibility to update my application and to advise the Tenant Selection Office, in writing, of address changes.

(The pre-application will not be processed if you fail to complete the entire form, sign the form and/ or provide your social security number.)

Signature

Date

WARNING: FEDERAL AND GEORGIA LAW MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL AND FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OF THE UNITED STATES. THIS INCLUDES ANY MATTER WITHIN ITS JURISDICTION OR TO A HOUSING AUTHORITY.

