

**-Patriot Pointe
Site-Based Waiting List Opening for
Project Based Rental Assistance (PBRA and PHA)**

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 site-based waiting list will open August 17, 2015 – Indefinitely until further notice, Monday – Friday from 10:00 AM to 2:00 PM.
5. Pre-application forms are to be completed at the property.
6. Eligible applicants will be placed on the site-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.

About the Site-Based Waiting List

Eligibility Criteria:

The head of household must be at least 55 years of age or older

**Patriot Pointe
Pre-Application – Time and Date Stamp**

Name of Head of Household: _____

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	AGE	SEX

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
Maximum Annual Household Income-PHA	18,900	21,600	24,300	27,000	29,200	31,350
Maximum Annual Household Income-PBRA	\$22,020	\$25,140	\$28,260	\$31,380	\$33,900	\$36,420

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

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

