



# Housing Authority of the City of Sylvester / AMP 1

104 Hamilton Circle~P.O. Box 386 ~ Sylvester, GA 31791 ~ (229) 776-7621



## Housing Application

Name of Head of Household \_\_\_\_\_  
 Social Security# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home# \_\_\_\_\_ Work # \_\_\_\_\_ Other# \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Telephone# \_\_\_\_\_

Please check the properties for which You would like to be considered:

- Worthington Way**
- Princeton Place**
- Day Lily Circle (Elderly)**

1. Do any household members require a fully accessible unit due to disability? \_\_\_ YES \_\_\_ NO
2. Do any household members require a unit with special features or modification due to disability? \_\_\_ YES \_\_\_ NO
3. If you answered yes, please explain the special features required below.

Please provide below the name, age, sex, and relationship to the head of the household for all household members.

	NAME	RELATIONSHIP	AGE	SEX
HEAD OF HOUSEHOLD				
MEMBER 1				
MEMBER 2				
MEMBER 3				
MEMBER 4				

Check all of the following Categories that apply to your head of household or other adult member:

- Stable Work History (20 hours a week over the last past 24 weeks.)     Disabled (receiving SSI)  
 Elderly (62 or older)     Displaced due to a natural disaster or governmental Action  
 Fulltime Student

TOTAL ESTIMATED ANNUAL HOUSEHOLD INCOME: \$ \_\_\_\_\_

Minority Code: \_\_ Black \_\_ White \_\_ American Indian \_\_ Asian \_\_ Native Hawaiian \_\_ Other

Ethnicity Code: \_\_ Hispanic \_\_ Non-Hispanic/Latino

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 SHA in writing of address changes.

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

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\*IF YOU REQUIRE ASSISTANCE COMPLETING THIS FORM DUE TO A DISABILITY, PLEASE CONTACT THE PROPERTY MANAGER\*

For Office Use Only:

Date and Time of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_ am or pm