Housing Authority of the City of Sylvester

1005 E Franklin Street ~ P.O. Box 386 ~ Sylvester, GA 31791 ~ (229) 776-0203

EQUAL HOUSING OPPORTUNITY

Housing Application

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

- ○ **Kingsway Apartments I**
- ○ **Kingsway Apartments II**

Name of Head of Household_____

Social Security#_____-_____-_____

Address: _____

City: _____ State:_____ Zip Code:_____

Home#_____ Work #_____ Other#_____

Emergency Contact Name: _____Telephone#_____

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				

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

"This institution is an equal opportunity provider and employer."

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov."