



Sylvester Housing Authority
PRE-APPLICATION (HOUSING AUTHORITY)
 804 North Henderson Street, Sylvester, Georgia 31791
 229-777-7747 Office 229-463-7076 Fax
 AMP 2



- Please indicate the properties for which you would like to be considered:
- Rosewood Court (Price Street)
 - Dogwood Court (Pinson Street)
 - Brookwood Way (N. Henderson)
 - Pecan Trace (N. Jefferson) (Elderly/Disabled)
 - Pine Haven (Sheperd) (Elderly/Disabled)
 - Meadowwood (Warwick, GA)
 - Meadowbrook (Warwick, GA)
 - Magnolia Place (Warwick, GA)

Name of Head of Household: _____

Social Security #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____ Other #: _____

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 modifications due to disability? Yes No
3. If you have answered yes, please explain the special features required below.

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

	Name	Relationship	D.O.B.	Age	Sex
Head of House					
Member 1					
Member 2					
Member 3					
Member 4					
Member 5					
Member 6					

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

- Stable Work History (20 hours a week over the past 24 weeks.)
- Elderly (62 or over)
- Displaced due to natural disaster or governmental action
- Disabled (receiving SSI)
- Full-Time 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 preapplication 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 MANAGEMENT

For Office Use Only:

Date and Time of Application Date: ___/___/___ Time: ___: ___ am or pm Initials: _____