



**USDA Rural Development Housing**  
**PRE-APPLICATION (HOUSING AUTHORITY)**  
 1005 Franklin Street, Sylvester, Georgia 31791  
 229-776-0203 Office 229-776-0206 Fax  
 Rural Development



Please indicate the properties for which you would like to be considered:

Kingsway I (East Franklin)  
 Kingsway II (208 West Pinson)  
 Azalea Place (Sumner) (Elderly/Disabled)

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.

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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.)       Disabled (receiving SSI)  
 Elderly (62 or over)       Full-Time Student  
 Displaced due to natural disaster or governmental action

**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: \_\_\_\_\_