

**Albany Housing Authority**  
**PRE- APPLICATION**  
**630 TULSA LN. ALBANY, GA 31701**  
**(229) 438-2354 Office (229) 438-2356 Fax**  
**AMP-4**

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

Dennis Homes  
 Holman Homes  
 Kingsbury  
 Sherman Oaks  
 Grover Cross

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 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 Household					
Member 1					
Member 2					
Member 3					
Member 4					
Member 5					

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 past 24 weeks.)  Disabled (receiving SSI)
- Elderly (62 or over)  Displaced due to a 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 AHA 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 Initials: \_\_\_\_\_

