

**Columbus Commons**  
**Site-Based Waiting List Opening for**  
**Project Based Vouchers (PBV)**

**Pre-Application Instructions**

1. Please read both sides of this form carefully.
2. The pre -application form must be filled out completely. Please print clearly in black or blue ink. Illegible forms will be rejected.
3. Your pre-application will not be processed if you fail to complete the entire form, sign the form and/or fail to provide your all requested information.
4. The site-based waiting list will open APRIL 17, 2017 - Indefinitely until further notice, Monday - Friday from 10:00 AM to 4:00 PM.
5. Pre-application forms are to be completed at the property.
6. Eligible applicants will be placed on the site-based waiting list. A final application will be completed when a unit is available.
7. As units become available, bedroom size and verifiable need for fully accessible units will indicate which applicants will be notified first.

**About the Site-Based Waiting List**

**Eligibility Criteria:**

**The head of household must be at least 18 years of age or older**

**Columbus Commons**  
**Pre-Application - Time and Date Stamp**

Name of Head of Household: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

1. Total number of household members: \_\_\_\_\_
2. What size unit do you require? \_\_\_\_\_ bedrooms
3. Do any household members require a fully accessible unit due to a disability?  
\_\_\_\_\_ Yes \_\_\_\_\_ No. If so, please indicate \_\_\_\_\_.
4. Is any household member mobility impaired? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Do any household members require a unit with special features or modifications due to a disability? \_\_\_\_\_ Yes \_\_\_\_\_ No; if yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been a previous resident/ participant of an Affordable Housing Program or Housing Choice Voucher Program? (Check yes or no)**

- Yes  
 No

**List name, age and sex for the head of household and other family members:**

NAME	Date of Birth	SEX

**Total Annual Household Income:** \$ \_\_\_\_\_

**Annual Household Income:**

In order to be eligible, the applicant household's Annual Household Income cannot exceed the following amounts for households that include the indicated number of members:

Number of household members	1	2	3	4	5	6
Maximum Annual Household Income- PHA	18,700	21,400	24,050	26,700	28,850,	31,000
Maximum Annual Household Income- PBRA	22,440	25,680	28,860	32,040	34,620	37,200

**Check all of the following categories that apply to your household:**

- Resident of a Housing Authority of Columbus Georgia owned public housing community requiring relocation due to the demolition and/or revitalization that community
- Resident or Applicant receiving assistance through a Housing Authority of Columbus Georgia program and is referred to the community by Housing Authority of Columbus Georgia
- Other

**Minority Code:**  Black  White  American Indian  Asian  Eskimo  Pacific Islander  Other  
**Ethnicity Code:**  Hispanic  Non Hispanic

*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 the community in writing of address changes.*

*(The pre-application will not be processed if you fail to complete the entire form, sign the form and/or provide your social security number.)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**WARNING: FEDERAL AND GEORGIA LAW MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL AND FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OF THE UNITED STATES. THIS INCLUDES ANY MATTER WITHIN ITS JURISDICTION OR TO A HOUSING AUTHORITY.**

